

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

<p>In re:</p> <p>Waitr Holdings Inc.,</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10676 (JTD)</p> <p>TAX ID: 26-3828008</p>
<p>In re:</p> <p>Waitr Intermediate Holdings, LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10677 (JTD)</p> <p>TAX ID: 36-4914581</p>
<p>In re:</p> <p>Dude Delivery, LLC,</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10678 (JTD)</p> <p>TAX ID: 86-2268751</p>
<p>In re:</p> <p>Cape Payments LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10679 (JTD)</p> <p>TAX ID: 87-2158010</p>
<p>In re:</p> <p>Bitesquad.com, LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10680 (JTD)</p> <p>TAX ID: 45-5134632</p>
<p>In re:</p> <p>ASAP Inc.</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10681 (JTD)</p> <p>TAX ID: 83-2249871</p>

<p>In re:</p> <p>Have Fun, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10682 (JTD)</p> <p>TAX ID: N/A</p>
<p>In re:</p> <p>DDIT, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10683 (JTD)</p> <p>TAX ID: 90-0923876</p>
<p>In re:</p> <p>CDMX Holdings, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10684 (JTD)</p> <p>TAX ID: 61-1856259</p>
<p>In re:</p> <p>Delivery Logistics, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10685 (JTD)</p> <p>TAX ID: 83-2841858</p>
<p>In re:</p> <p>Catering on Demand LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10686 (JTD)</p> <p>TAX ID: 82-4491120</p>
<p>In re:</p> <p>KASA Delivery, LLC</p> <p>Debtor.<sup>1</sup></p>	<p>Chapter 7</p> <p>Case No. 24-10687 (JTD)</p> <p>TAX ID: 45-5284510</p>

<sup>1</sup> The Debtors in these chapter 7 cases, along with the last four digits of their respective federal tax identification numbers, are: Waitr Holdings Inc. (8008); Waitr Intermediate Holdings, LLC (4581); Dude Delivery, LLC (8751); Cape Payments LLC (8010); Bitesquad.com, LLC (4632); ASAP Inc. (9871); Have Fun, LLC (N/A); DDIT, LLC (3876); CDMX Holdings, LLC (6259); Delivery Logistics, LLC (1858); Catering on Demand LLC (1120); and KASA Delivery, LLC (4510). The Debtors' service address is PO Box 3785, Lafayette, Louisiana 70502.

**SCHEDULES OF ASSETS AND LIABILITIES FOR  
WAITR HOLDINGS INC. (CASE NO. 24-10676)**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

<p>In re:</p> <p>Waitr Holdings Inc.,</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10676 (JTD)</p> <p>TAX ID: 26-3828008</p>
<p>In re:</p> <p>Waitr Intermediate Holdings, LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10677 (JTD)</p> <p>TAX ID: 36-4914581</p>
<p>In re:</p> <p>Dude Delivery, LLC,</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10678 (JTD)</p> <p>TAX ID: 86-2268751</p>
<p>In re:</p> <p>Cape Payments LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10679 (JTD)</p> <p>TAX ID: 87-2158010</p>
<p>In re:</p> <p>Bitesquad.com, LLC</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10680 (JTD)</p> <p>TAX ID: 45-5134632</p>
<p>In re:</p> <p>ASAP Inc.</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10681 (JTD)</p> <p>TAX ID: 83-2249871</p>

<p>In re:</p> <p>Have Fun, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10682 (JTD)</p> <p>TAX ID: N/A</p>
<p>In re:</p> <p>DDIT, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10683 (JTD)</p> <p>TAX ID: 90-0923876</p>
<p>In re:</p> <p>CDMX Holdings, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10684 (JTD)</p> <p>TAX ID: 61-1856259</p>
<p>In re:</p> <p>Delivery Logistics, LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10685 (JTD)</p> <p>TAX ID: 83-2841858</p>
<p>In re:</p> <p>Catering on Demand LLC</p> <p>Debtor.</p>	<p>Chapter 7</p> <p>Case No. 24-10686 (JTD)</p> <p>TAX ID: 82-4491120</p>
<p>In re:</p> <p>KASA Delivery, LLC</p> <p>Debtor.<sup>1</sup></p>	<p>Chapter 7</p> <p>Case No. 24-10687 (JTD)</p> <p>TAX ID: 45-5284510</p>

<sup>1</sup> The Debtors in these chapter 7 cases, along with the last four digits of their respective federal tax identification numbers, are: Waitr Holdings Inc. (8008); Waitr Intermediate Holdings, LLC (4581); Dude Delivery, LLC (8751); Cape Payments LLC (8010); Bitesquad.com, LLC (4632); ASAP Inc. (9871); Have Fun, LLC (N/A); DDIT, LLC (3876); CDMX Holdings, LLC (6259); Delivery Logistics, LLC (1858); Catering on Demand LLC (1120); and KASA Delivery, LLC (4510). The Debtors' service address is PO Box 3785, Lafayette, Louisiana 70502.

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND  
DISCLAIMER REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND  
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtors and debtors in possession (each, a “**Debtor**,” and collectively, the “**Debtors**”) are filing their respective Schedules of Assets and Liabilities (collectively, the “**Schedules**”) and Statements of Financial Affairs (collectively, the “**Statements**,” and together with the Schedules, collectively, the “**Schedules and Statements**”) in the United States Bankruptcy Court for the District of Delaware (the “**Court**”). The Debtors, with the assistance of their professional advisors, prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 (the “**Bankruptcy Code**”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes and Statement of Limitations, Methodology, and Disclaimer regarding the Schedules and Statements (collectively, the “**Global Notes**”) pertain to, are incorporated by reference in, and compose an integral part of, all of the Schedules and Statements. These Global Notes should be referred to as part of, and reviewed in connection with, the Schedules and Statements.<sup>2</sup>

1. On April 2, 2024, each of the Debtors filed a voluntary petition for relief under chapter 7 of the Bankruptcy Code. The information provided herein is presented as of January 31, 2024, other than the cash balance listed in Schedule A/B, Part 1, which is presented as of April 1, 2024.
2. While the Debtors have made every reasonable effort to ensure that the Schedules and Statements are accurate and complete based upon information that was available to them at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors’ books and records may result in changes to financial data and other information contained in the Schedules and Statements. Moreover, because the Schedules and Statements contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that the Schedules and Statements are complete or accurate. Historically, the Debtors tracked their financial information on a consolidated basis at Debtor Waitr Holdings Inc. (“**Waitr Holdings**”). The Debtors have used their best efforts to report assets and liabilities by Debtor, but due to the Debtors’ historical record-keeping practices, certain items listed in the Schedules and Statements for Waitr Holdings may relate to other Debtors.
3. In reviewing and signing the Schedules and Statements, Armen Yeghyazarians, the duly authorized and designated representative of the Debtors (the “**Authorized Representative**”), has necessarily relied upon the prior efforts, statements, and representations of other former employees, independent contractors, and professionals of the Debtors. The Authorized Representative has not (and could not have) personally verified the accuracy of each such statement and representation that collectively provide the information presented in the Schedules and Statements, including but not limited to, statements and representations concerning amounts owed to creditors and their addresses.

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<sup>2</sup> These Global Notes are in addition to any specific notes that may be contained in each of the Schedules or Statements. The fact that the Debtors have prepared a general note herein with respect to any of the Schedules and Statements and not to others should not be interpreted as a decision by the Debtors to exclude the applicability of such general note to the Debtors’ remaining Schedules and Statements, as appropriate.

4. The Debtors and their past or present directors, officers, employees, attorneys, professionals, and agents (including, but not limited to, the Authorized Representative), do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. The Debtors and their past or present officers, employees, attorneys, professionals, and agents (including, but not limited to, the Authorized Representative) expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised or re-categorized. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. In no event shall the Debtors or their past or present officers, employees, attorneys, professionals, and/or agents (including, but not limited to, the Authorized Representative) be liable to any third party for any direct, indirect, incidental, consequential or special damages (including, but not limited to, damages arising from the disallowance of any potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused arising from or related to any information provided herein or omitted herein.
5. The Debtors reserve their rights to amend the Schedules and Statements as may be necessary or appropriate in the Debtors' sole and absolute discretion, including, but not limited to, the right to assert offsets or defenses to (which rights are expressly preserved), or to dispute, any claim reflected on the Schedules as to amount, liability or classification, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated." These Global Notes will apply to all such amendments. Furthermore, nothing contained in the Schedules or Statements shall constitute a waiver of the Debtors' rights with respect to the chapter 7 cases and specifically with respect to any issues involving substantive consolidation, equitable subordination and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers, or an admission relating to the same. Any specific reservation or rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.
6. Any failure to designate a claim listed on the Debtors' Schedules as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtors that such amount is not "disputed," "contingent" or "unliquidated." Additionally, the dollar amounts of claims listed may be exclusive of contingent and additional unliquidated amounts. Further, the claims of individual creditors are listed as the amounts entered on the Debtors' books and records and may not reflect credits or allowances due from such creditors to the Debtors or setoffs applied by such creditors against amounts due by such creditors to the Debtors with respect to other transactions between them. The Debtors reserve all of their rights with respect to any such credits and allowances. Furthermore, listing a claim does not constitute an admission of liability by the Debtor against which the claim is listed or against any of the Debtors.
7. Some of the Debtors' scheduled assets and liabilities are unknown and/or unliquidated. In such cases, no amounts are listed or the amounts are listed as "undetermined," "unknown," or to similar effect. Accordingly, for this and other reasons the Schedules may not fully reflect the aggregate amount of the Debtors' assets and liabilities.

8. At times, the preparation of the Schedules and the Statements required the Debtors to make assumptions that may affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities, and/or other items. Actual results could differ from those estimates. Pursuant to Bankruptcy Rule 1009, the Debtors may amend their Schedules and Statements as they deem necessary and appropriate to reflect material changes. In addition, the Debtors, for the benefit of their estates, reserve the right to dispute or to assert offsets or defenses to any claim listed on the Schedules or Statements.
9. Given the differences between the information requested in the Schedules and the financial information utilized under generally accepted accounting principles in the United States (“GAAP”), the aggregate asset values and claim amounts set forth in the Schedules may not necessarily reflect the amounts that would be set forth in a balance sheet prepared in accordance with GAAP.
10. Certain litigation actions (collectively, the “**Litigation Actions**”) reflected as claims against a particular Debtor may relate to any of the other Debtors. The Debtors made reasonable efforts to accurately record the Litigation Actions in the Schedules and Statements of the Debtor that is the party to the Litigation Action but, if the Debtors were unable to identify a specific Debtor, the Litigation Action was listed in the Schedules and Statements of Waitr Holdings. The inclusion of any Litigation Action in the Schedules and Statements does not constitute an admission by the Debtors of liability, the validity of any Litigation Action or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future. The Debtors have endeavored to list the case number for each Litigation Action where possible, but do not have that information readily available for every Litigation Action.
11. For purposes of the Schedules and Statements, the Debtors define “insiders” pursuant to section 101(31) of the Bankruptcy Code as: (a) current or former directors, officers, or persons in control of the Debtors; (b) relatives of current or former directors, officers, or persons in control of the Debtors; (c) a partnership in which the Debtors is a general partner; or (d) an affiliate of the Debtors. Except as otherwise disclosed herein or in the Statements, payments to insiders listed in (a) through (d) above are set forth on Statement 4. Persons listed as “insiders” have been included for informational purposes only, and such listing is not intended to be, nor should it be construed as, a legal characterization of such person as an insider, nor does it serve as an admission of any fact, claim, right, or defense, and all such claims, rights, and defenses with respect thereto are hereby expressly reserved. Further, the Debtors and their estates do not take any position with respect to: (a) any such person’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such individual; (c) the decision-making or corporate authority of any such individual; or (d) whether any such individual could successfully argue that he or she is not an “insider” under applicable law, including, without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.

### **NOTES FOR SCHEDULES**

1. **Schedule A/B – Assets – Real and Personal Property.** The amounts listed in Part 1 are as of April 1, 2024, which is the most recent information available to the Debtors. Certain of the Debtors’ bank



accounts are listed with a \$0.00 balance because they are zero-balance accounts that are automatically swept to the Debtors' primary bank account, ending in 2504 at Bank of America N.A., at the end of each day. These accounts are marked accordingly in Schedule A/B, Part 1.

With respect to Schedule A/B, question 8, the retainer amounts paid by the Debtors to their bankruptcy counsel, Young Conway Stargatt & Taylor, LLP, and their administrative advisor, Epiq Corporate Restructuring, LLC, on an earned upon receipt basis, do not constitute an interest of the Debtors in property and are thus not listed. This amounts paid are listed in response to Statement 11.

With respect to Schedule A/B, question 11, the Debtors are currently unable to determine the amount of receivables collected in the 90 days preceding the Petition Date because certain amounts were collected within a few days of the Petition Date, and the Debtors' employees were all terminated around the same time.

With respect to Schedule A/B, question 15, Waitr Holdings acquired 28,271 shares of Series D stock in Figure Technologies, Inc. in June 2021 for \$499,995.26. The percentage ownership is not listed in Schedule A/B, question 15, because the total number of issued shares of Series D stock is unknown.

2. **Schedule E/F – Creditors Who Have Unsecured Claims.** As noted above, the Debtors historically tracked their financial information on a consolidated basis at Waitr Holdings. The Debtors have used their best efforts to report claims against the appropriate Debtor in Schedule E/F, but if they were unable to determine the appropriate Debtor, such claims have been listed in Schedule E/F for Waitr Holdings.

Part 2 of Schedule E/F for ASAP, Inc. and BiteSquad.com, LLC does not include estimated liabilities for outstanding gift cards/credits on an individual basis because ASAP, Inc. and BiteSquad.com, LLC do not track individual gift card holders and/or user credits. As of the Petition Date, the total amount outstanding on account of gift cards and user credits by BiteSquad.com, LLC and ASAP, Inc. is \$3,267,953.09 and \$679,953.90, respectively.

Certain third party sales agents who receive payments based on residual payment processing revenue are listed in Schedule E/F with claims as of January 31, 2024, which is the most recent information available to the Debtors. Historically, the Debtors issued payments to their sales agents related to these residuals approximately two months in arrears, consistent with the Debtors' receipt of the residual payments.

There are various claims listed for restaurants in Schedule E/F, consistent with the Debtors' most recent accounts payable. These claims may relate to (i) early termination fees for restaurants who terminated their prior credit card processing services so they could obtain services through the Debtors (the "CCP Fees") and (ii) bounced checks and returned ACH transfers related to pre-petition payments issued by the Debtors to the restaurants. The amounts listed as owed to restaurants, particularly due to returned payments in the weeks preceding the Petition Date, may not be accurate and, accordingly, such claims have been listed as contingent in Schedule E/F.

In addition, due to the termination of the Debtors' employees immediately preceding the Petition Date, the Debtors have not separately assessed each claim in Schedule E/F for its basis or analyzed whether each claim is contingent, unliquidated or disputed. Accordingly, many claims are listed as

trade payables as a default, but may have a different basis. The Debtors reserve all rights regarding the categorization and classification of the claims in Schedule E/F.

The Debtors issued the final payroll for their employees shortly before the Petition Date. Certain amounts owed to employees related to the Debtors' 401(k) benefits plan may not have been processed due to the proximity of when the payments were made to the Petition Date. The Debtors are working with the chapter 7 trustee to determine the status of these payments and they are not reflected in Schedule E/F.

3. **Schedule G – Executory Contracts and Unexpired Leases.** The businesses of the Debtors are complex and, while every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to (i) dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtors reserve all of their rights, claims and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or an unexpired lease.

### **NOTES FOR STATEMENTS**

1. **Statement 1 and Statement 2.** The gross revenue from business and non-business revenue disclosed listed for 2024 in Statement 1 and Statement 2 covers the period from January 1, 2024 through January 31, 2024.

With respect to Debtor Dude Delivery, LLC, Statement 1 only covers the period of January 1, 2022 through December 31, 2022, because Dude Delivery, LLC's operations were subsequently transitioned and integrated into the operations of Debtor ASAP Inc.

2. **Statement 3.** Any values listed in this section are separate and not repeated in Statement 4 (payments or other transfers of property made within one year before filing these cases that benefited any insider) or Statement 11 (payments related to bankruptcy within one year of filing). Please refer to those sections for payments related to those parties.

Historically, certain Debtors issued relatively de minimis payments to certain restaurants for various items, including (i) CCP Fees and (ii) various payments related to the Foodify business previously operated by Debtor Catering on Demand LLC (the "**Foodify Payments**"). It would be unduly burdensome to list each of these transfers separately, so they are aggregated in SOFA 3 and described as "Credits to Restaurant" or "Restaurant Payments," respectively. In addition, due to the termination of the Debtors' employees shortly before the Petition Date, the Debtors currently only have records of the Foodify Payments through March 9, 2024.

3. **Statement 4.** Statement 4 has been presented on a gross payment basis. Actual amounts received by the parties listed on Statement 4 may differ based upon withholding and other tax obligations.
4. **Statement 11.** The payments related to bankruptcy are reflected on the Schedules of the Debtor that made the payments, but such payments were made on behalf of all of the Debtors.

5. **Statement 20**. The Debtors do not have the names of the individuals with access to their off-premises storage and, accordingly, that information is not listed in Statement 20.
6. **Statement 26b**. The Debtors engaged Pannell Kerr Forster of Texas, P.C. (“PKF”) as their auditor, but that engagement ceased and PKF never completed a review or audit. Accordingly, PKF is not listed in Statement 26b.
7. **Statement 26d**. The Debtors provided financial statements in the ordinary course of their businesses to certain parties within two years immediately before the Petition Date, including with respect to the Debtors’ prior restructuring and financing efforts. Considering the possibility that such information may have been shared with parties without the Debtors’ knowledge or consent or subject to confidentiality agreements, the Debtors may not have disclosed all parties that may have received such financial statements for the purposes of Statement 26d.

Additionally, from time to time, the Debtors provided financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing and other reasons. Recipients have included regulatory agencies, financial institutions, investment banks, vendors, landlords, debtholders and their legal and financial advisors. The Debtors do not maintain complete lists or other records tracking such disclosures. Therefore, the Debtors have not provided full lists of these parties in Part 13, Question 26 of the Statements. Moreover, as a public company, the Debtors’ financial statements are publicly available.

8. **Statement 30**. Unless otherwise indicated in a Debtor’s specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

## Fill in this information to identify the case:

Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)☐ Check if this is an amended filing

## Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

## Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* .....

UNDETERMINED

1b. **Total personal property:**Copy line 91A from *Schedule A/B* .....

\$459,985,534.20

1c. **Total of all property:**Copy line 92 from *Schedule A/B* .....

\$459,985,534.20

## Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

NOT APPLICABLE

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

UNKNOWN

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+

\$51,569,431.64

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$51,569,431.64

## Fill in this information to identify the case:

Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: CASH AND CASH EQUIVALENTS****1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. CASH ON HAND**

NONE

**3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS**  
(IDENTIFY ALL)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. BANK OF AMERICA, N.A.

CHECKING

2494

\$0.00

**4. OTHER CASH EQUIVALENTS**

4.1. INSURANCE ACCOUNT AT CITIBANK, N.A. RELATED TO GALLAGHER BASSETT

\$38,824.54

**5 Total of Part 1.**

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$38,824.54

**Part 2: DEPOSITS AND PREPAYMENTS****6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

NONE

(Name)

Current value of  
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	PREPAID INSURANCE - AFCO	\$1,045,320.00
8.2.	PREPAID INSURANCE - GALLAGHER	\$84,075.53
8.3.	PREPAID INSURANCE - IPFS	\$589,539.08
8.4.	PREPAID INSURANCE - RISK STRATEGIES	\$115,855.39

**9 Total of Part 2.**

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$1,834,790.00

**Part 3: ACCOUNTS RECEIVABLE****10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**11. ACCOUNTS RECEIVABLE**

FACE AMOUNT - OVER 90 DAYS	\$800,000.00	-	\$0.00	=	\$800,000.00
	face amount		doubtful or uncollectable accounts		

**12 Total of Part 3.**

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$800,000.00

**Part 4: INVESTMENTS****13. DOES THE DEBTOR OWN ANY INVESTMENTS?**

- ☐ No. Go to Part 5.  
☒ Yes. Fill in the information below.

Valuation method used  
for current valueCurrent value of  
debtor's interest**14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1**

NAME OF FUND OR STOCK:

**15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE**

Name of entity	% of ownership	
15.1. FIGURE TECHNOLOGIES, INC.	SEE GLOBAL NOTES%	UNDETERMINED
15.2. WAITR INTERMEDIATE HOLDINGS, LLC	100%	UNDETERMINED

**16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1**

DESCRIBE:

**17 Total of Part 4.**

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

UNDETERMINED

**Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS****18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. RAW MATERIALS</b>				
<b>20. WORK IN PROGRESS</b>				
<b>21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE</b>				
<b>22. OTHER INVENTORY OR SUPPLIES</b>				
<b>23 Total of Part 5.</b> ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				NOT APPLICABLE
<b>24. Is any of the property listed in Part 5 perishable?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      Book value _____ Valuation method _____ Current value _____				
<b>26. Has any of the property listed in Part 5 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

**Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)****27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. CROPS—EITHER PLANTED OR HARVESTED</b>			
<b>29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH EXAMPLES:</b> LIVESTOCK, POULTRY, FARM-RAISED FISH			
<b>30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)</b>			
<b>31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED</b>			
<b>32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6</b>			
<b>33 Total of Part 6.</b> ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.			NOT APPLICABLE
<b>34. Is the debtor a member of an agricultural cooperative?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			

(Name)

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES**

38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?

- ☒ No. Go to Part 8.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE			
40. OFFICE FIXTURES			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
42. COLLECTIBLES <i>EXAMPLES:</i> ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES			
43. Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			NOT APPLICABLE

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: MACHINERY, EQUIPMENT, AND VEHICLES**

46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES			
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES <i>EXAMPLES:</i> BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS			
49. AIRCRAFT AND ACCESSORIES			



(Name)

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)</b>				
<b>51</b>	<b>Total of Part 8.</b> ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			NOT APPLICABLE
<b>52.</b>	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>53.</b>	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 9: REAL PROPERTY</b>				
<b>54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?</b> <input type="checkbox"/> No. Go to Part 10. <input checked="" type="checkbox"/> Yes. Fill in the information below.				
<b>55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST</b>				
	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value
55.1.	MONTLIMAR DRIVE - MOBILE OFFICE - 1201 MONTLIMAR DRIVE, SUITE 325, MOBILE, AL	REAL PROPERTY LEASE	UNDETERMINED	N/A
				UNDETERMINED
<b>56</b>	<b>Total of Part 9.</b> ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.			UNDETERMINED
<b>57.</b>	<b>Is a depreciation schedule available for any of the property listed in Part 9?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>58.</b>	<b>Has any of the property listed in Part 9 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY</b>				
<b>59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?</b> <input checked="" type="checkbox"/> No. Go to Part 11. <input type="checkbox"/> Yes. Fill in the information below.				
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS</b>				
<b>61. INTERNET DOMAIN NAMES AND WEBSITES</b>				
<b>62. LICENSES, FRANCHISES, AND ROYALTIES</b>				
<b>63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS</b>				
<b>64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY</b>				

(Name)

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY</b>			
<b>65. GOODWILL</b>			
<b>66 Total of Part 10.</b> ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			NOT APPLICABLE
<b>67. Do your lists or records include personally identifiable information of customers</b> (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>69. Has any of the property listed in Part 10 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 11: ALL OTHER ASSETS</b>			
<b>70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?</b> INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM. <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
			<b>Current value of debtor's interest</b>
<b>71. NOTES RECEIVABLE</b> DESCRIPTION (INCLUDE NAME OF OBLIGOR) <b>NONE</b>			
<b>72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)</b> DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)			
72.1. FEDERAL NOLS		Tax year 2023	\$241,691,831.00
72.2. STATE NOL - ALABAMA		Tax year 2023	\$15,971,155.09
72.3. STATE NOL - ARKANSAS		Tax year 2023	\$8,660,264.22
72.4. STATE NOL - CALIFORNIA		Tax year 2023	\$1,447,341.00
72.5. STATE NOL - FLORIDA		Tax year 2023	\$21,570,827.19
72.6. STATE NOL - GEORGIA		Tax year 2023	\$8,017,067.42
72.7. STATE NOL - HAWAII		Tax year 2023	\$5,723,558.72
72.8. STATE NOL - ILLINOIS		Tax year 2023	\$36,044.00
72.9. STATE NOL - INDIANA		Tax year 2023	\$60,641.00
72.10. STATE NOL - IOWA		Tax year 2023	\$251,686.00
72.11. STATE NOL - KANSAS		Tax year 2023	\$171,360.69
72.12. STATE NOL - KENTUCKY		Tax year 2023	\$83,549.77
72.13. STATE NOL - LOUISIANA		Tax year 2023	\$117,755,106.77
72.14. STATE NOL - MARYLAND		Tax year 2023	\$294,414.62
72.15. STATE NOL - MASSACHUSETTS		Tax year 2023	\$449.94
72.16. STATE NOL - MINNESOTA		Tax year 2023	\$5,662,475.94
72.17. STATE NOL - MISSISSIPPI		Tax year 2023	\$19,246,000.65
72.18. STATE NOL - MISSOURI		Tax year 2023	\$158,900.66
72.19. STATE NOL - NEBRASKA		Tax year 2023	\$17,265.33

(Name)

Current value of  
debtor's interest**72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)**

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

72.20.	STATE NOL - NEW MEXICO	Tax year	2023	\$150,929.00
72.21.	STATE NOL - NORTH CAROLINA	Tax year	2023	\$382,278.48
72.22.	STATE NOL - NORTH DAKOTA	Tax year	2023	\$1,215,944.99
72.23.	STATE NOL - OKLAHOMA	Tax year	2023	\$187,090.96
72.24.	STATE NOL - SOUTH CAROLINA	Tax year	2023	\$5,708,550.89
72.25.	STATE NOL - TENNESSEE	Tax year	2023	\$1,930,011.16
72.26.	STATE NOL - VIRGINIA	Tax year	2023	\$203,801.32
72.27.	STATE NOL - WISCONSIN	Tax year	2023	\$713,372.85

**73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES**

NONE

**74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)**

NONE

**75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS**

NONE

**76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY**

NONE

**77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP**

NONE

**78 Total of Part 11.**  
ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

\$457,311,919.66

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No  
☐ Yes
**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$38,824.54	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,834,790.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$800,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>		

(Name)

**85. Farming and fishing-related assets.** *Copy line 33, Part 6.***86. Office furniture, fixtures, and equipment; and collectibles.**  
*Copy line 43, Part 7.***87. Machinery, equipment, and vehicles.** *Copy line 51, Part 8.***88. Real property.** *Copy line 56, Part 9.* .....→

UNDETERMINED

**89. Intangibles and intellectual property.** *Copy line 66, Part 10.***90. All other assets.** *Copy line 78, Part 11.*

+

\$457,311,919.66

**91. Total.** Add lines 80 through 90 for each column. .... 91a.

\$459,985,534.20

+

91b.

UNDETERMINED

**92. Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ....

\$459,985,534.20

**Fill in this information to identify the case:**Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)☐ Check if this is an  
amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.**

1. 1. **Do any creditors have claims secured by debtor's property?**
- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

## Fill in this information to identify the case:

Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number  
(if known) 24-10676☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<b>Priority creditor's name and mailing address</b> AMHERST COUNTY TREASURER PO BOX 449 AMHERST, VA 24521  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.2	<b>Priority creditor's name and mailing address</b> ANDERSON COUNTY TREASURER PO BOX 8002 ANDERSON, SC 29622  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.3	<b>Priority creditor's name and mailing address</b> ARKANSAS COUNTY TAX COLLECTOR 101 COURT SQUARE DEWITT, AR 72042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.4	<b>Priority creditor's name and mailing address</b> ARKANSAS DEPT OF FINANCE & ADMIN 1900 W 7TH ST, LITTLE ROCK, AR 72201 LITTLE ROCK, AR 72201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.5	<b>Priority creditor's name and mailing address</b> ARLINGTON COUNTY TREASURER PO BOX 1754 MERRIFIELD, VA 22116-1754  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.6	<b>Priority creditor's name and mailing address</b> ASCENSION PARISH SHERIFF & TAX COLLECTOR PO BOX 118 GONZALES, LA 70707  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.7	<b>Priority creditor's name and mailing address</b> ATTALA COUNTY TAX COLLECTOR 112 N WELLS ST KOSCIUSKO, MS 39090  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.8	<b>Priority creditor's name and mailing address</b> AVOYELLES PARISH TAX COLLECTOR 675 GOVERNMENT ST MARKSVILLE, LA 71351  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.9	<b>Priority creditor's name and mailing address</b> BALDWIN COUNTY REVENUE COMMISSIONER PO BOX 538517 ATLANTA, GA 30353  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	<b>Priority creditor's name and mailing address</b> BALDWIN TOWN TAX COLLECTOR PO BOX 800 BALDWIN, LA 70514  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.11	<b>Priority creditor's name and mailing address</b> BARBOUR COUNTY REVENUE COMMISSIONER 405 E BARBOUR ST EUFULA, AL 36027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.12	<b>Priority creditor's name and mailing address</b> BARTLETT CITY TAX COLLECTOR 6400 STAGE RD PO BOX 341148 BARTLETT, TN 38184  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.13	<b>Priority creditor's name and mailing address</b> BASTROP CITY TAX COLLECTOR PO BOX 431 BASTROP, LA 71221  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.14	<b>Priority creditor's name and mailing address</b> BEAUREGARD PARISH SHERIFF & EX-OFFICIO TAX COLLECTOR PO BOX 370 DERIDDER, LA 70634  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.15	<b>Priority creditor's name and mailing address</b> BEDFORD COUNTY TREASURER 122 E MAIN ST STE 101 BEDFORD, VA 24523  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.16	<b>Priority creditor's name and mailing address</b> BELL COUNTY TAX APPRAISAL DISTRICT PO BOX 390 BELTON, TX 76513  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.17	<b>Priority creditor's name and mailing address</b> BENTON COUNTY TAX COLLECTOR 215 E CENTRAL AVE RM 101 BENTONVILLE, AR 72712  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.18	<b>Priority creditor's name and mailing address</b> BOGALUSA CITY TAX COLLECTOR PO DRAWER 1179 BOGALUSA, LA 70429  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.24	<b>Priority creditor's name and mailing address</b> BROOKHAVEN CITY TAX COLLECTOR 301 S 1ST ST. , RM 109 BROOKHAVEN, MS 39601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.25	<b>Priority creditor's name and mailing address</b> BUTLER COUNTY REVENUE COMMISSIONER 700 CT SQ GREENVILLE, AL 36037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.26	<b>Priority creditor's name and mailing address</b> CADDO PARISH SHERIFF OFFICE TAX DEPARTMENT PO BOX 20905 SHREVEPORT, LA 71120-0905  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.27	<b>Priority creditor's name and mailing address</b> CADDO PARISH SHERIFFS OFFICE TAX DEP PO BOX 20905 SHREVEPORT, LA 71120-0905  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.28	<b>Priority creditor's name and mailing address</b> CALCASIEU PARISH SHERIFF AND TAX COLLECTOR PO BOX 1450 LAKE CHARLES, LA 70602  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.29	<b>Priority creditor's name and mailing address</b> CAMPBELL COUNTY TREASURER PO BOX 37 RUSTBURG, VA 24588  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.30	<b>Priority creditor's name and mailing address</b> CHAMBERS COUNTY REVENUE COMMISSIONER 2 S LAFAYETTE ST STE A LAFAYETTE, AL 36862  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.31	<b>Priority creditor's name and mailing address</b> CHARLESTON COUNTY TREASURER PO BOX 603517 CHARLOTTE, NC 28260  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.32	<b>Priority creditor's name and mailing address</b> CHESTER COUNTY TRUSTEE PO BOX 386 HENDERSON, TN 38340  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.33	<b>Priority creditor's name and mailing address</b> CHILTON COUNTY TAX COLLECTOR PO BOX 987 SELMA, AL 36702  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.34	<b>Priority creditor's name and mailing address</b> CHURCH POINT TOWN TAX COLLECTOR 102 CHURCH BLVD CHURCH POINT, LA 70525  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.35	<b>Priority creditor's name and mailing address</b> CITY OF ANDERSON 601 SOUTH MAIN STREET ANDERSON, SC 29624  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.36	<b>Priority creditor's name and mailing address</b> CITY OF BELLA VISTA PO BOX 5655 BELLA VISTA, AR 72714  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.37	<b>Priority creditor's name and mailing address</b> CITY OF BENTON PO BOX 607 BENTON, AR 72018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.38	<b>Priority creditor's name and mailing address</b> CITY OF CAYCE 1800 12TH STREET EXT PO BOX 2004 CAYCE, SC 29171  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN





(Name)

**Part 1: Additional Page**

		Total claim	Priority amount
2.49	<b>Priority creditor's name and mailing address</b> CITY OF GREENVILLE PO BOX 2207 GREENVILLE, SC 29602  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.50	<b>Priority creditor's name and mailing address</b> CITY OF GREER 301 E. POINSETT ST. CITY HALL GREER, SC 29651  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.51	<b>Priority creditor's name and mailing address</b> CITY OF HOT SPRINGS PO BOX 6000 HOT SPRINGS, AR 71902  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.52	<b>Priority creditor's name and mailing address</b> CITY OF LEXINGTON PO BOX 397 LEXINGTON SC 29071 LEXINGTON, SC 29071  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.53	<b>Priority creditor's name and mailing address</b> CITY OF LOWELL 216 N LINCOLN ST LOWELL, AR 72745  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.54	<b>Priority creditor's name and mailing address</b> CITY OF MAULDIN HOSPITALITY TAX PO BOX 249 MAULDIN, SC 29662  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.55	<b>Priority creditor's name and mailing address</b> CITY OF SHERWOOD PO BOX 6256 SHERWOOD, AR 72124  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.56	<b>Priority creditor's name and mailing address</b> CITY OF SIMPSONVILLE 118 N.E. MAIN ST SIMPSONVILLE, SC 29681  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.57	<b>Priority creditor's name and mailing address</b> CITY OF SPARTANBURG PO BOX 5666 SPARTANBURG, SC 29304  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.58	<b>Priority creditor's name and mailing address</b> CITY OF WEST COLUMBIA PO BOX 4044 WEST COLUMBIA, SC 29171  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN





Page 15 of 89

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.74	<b>Priority creditor's name and mailing address</b> CLEAR CREEK ISD TAX COLLECTOR PO BOX 799 LEAGUE CITY, TX 77574  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.75	<b>Priority creditor's name and mailing address</b> CLEAR LAKE CITY WATER AUTHORITY TAX COLLECTOR 900 BAY AREA BLVD HOUSTON, TX 77058  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.76	<b>Priority creditor's name and mailing address</b> CLEBURNE COUNTY TAX COLLECTOR 320 W MAIN ST HEBER SPRINGS, AR 72543  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.77	<b>Priority creditor's name and mailing address</b> CLEVELAND COUNTY TREASURER 201 S JONES, STE 100 NORMAN, OK 73069  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.78	<b>Priority creditor's name and mailing address</b> COLLIERVILLE TOWN TAX DEPARTMENT 500 POPLAR VIEW PARKWAY COLLIERVILLE, TN 38017  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.79	<b>Priority creditor's name and mailing address</b> COLUMBIA COUNTY TAX COLLECTOR 101 BOUNDARY ST, SUITE 104 MAGNOLIA, AR 71753  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.80	<b>Priority creditor's name and mailing address</b> COMANCHE COUNTY TREASURER 315 SW 5TH ST, RM 300 LAWTON, OK 73501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.81	<b>Priority creditor's name and mailing address</b> CONCORDIA PARISH TAX COLLECTOR 4001 CARTER STREET, RM 6 VIDALIA, LA 71373  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.82	<b>Priority creditor's name and mailing address</b> COVINGTON COUNTY REVENUE COMMISSIONER 1 N CT SQ ANDALUSIA, AL 36420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.83	<b>Priority creditor's name and mailing address</b> CRAIGHEAD COUNTY TAX COLLECTOR PO BOX 9276 JONESBORO, AR 72403  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.84	<b>Priority creditor's name and mailing address</b> CRAWFORD COUNTY TAX COLLECTOR 300 MAIN ST, RM 2 VAN BUREN, AR 72956  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.85	<b>Priority creditor's name and mailing address</b> CROSS COUNTY TAX COLLECTOR 705 UNION AVE E, STE 10 WYNNE, AR 72396  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.86	<b>Priority creditor's name and mailing address</b> CROWLEY CITY TAX COLLECTOR PO BOX 1463 CROWLEY, LA 70527  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.87	<b>Priority creditor's name and mailing address</b> CUSTER COUNTY TREASURER PO BOX 200 ARAPAH0, OK 73620  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.88	<b>Priority creditor's name and mailing address</b> CYPRESS FAIRBANKS ISD ASSESSOR 10494 JONES RD, STE 106 HOUSTON, TX 77065  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.89	<b>Priority creditor's name and mailing address</b> DALLAS COUNTY TAX ASSESSOR COLLECTOR PO BOX 139066 DALLAS, TX 75313  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.90	<b>Priority creditor's name and mailing address</b> DALLAS COUNTY TAX COLLECTOR PO BOX 987 SELMA, AL 36702  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.91	<b>Priority creditor's name and mailing address</b> DARLINGTON COUNTY TREASURER 1 PUBLIC SQ, RM 203 DARLINGTON, SC 29532  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.92	<b>Priority creditor's name and mailing address</b> DAVIDSON COUNTY METROPOLITAN TRUSTEE PO BOX 305012 NASHVILLE, TN 37230  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.93	<b>Priority creditor's name and mailing address</b> DEER PARK CITY TAX ASSESSOR-COLLECTOR PO BOX 700 DEER PARK, TX 77536  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

## Part 1: Additional Page

			Total claim	Priority amount
2.94	<b>Priority creditor's name and mailing address</b> DELAWARE COUNTY TREASURER PO BOX 1080 JAY, OK 74346  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.95	<b>Priority creditor's name and mailing address</b> DESOTO COUNTY TAX COLLECTOR 365 LOSHER ST, STE 110 HERNANDO, MS 38632  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.96	<b>Priority creditor's name and mailing address</b> DEXTER CITY TAX COLLECTOR 301 E STODDARD ST DEXTER, MO 63841  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.97	<b>Priority creditor's name and mailing address</b> DONA ANA COUNTY TREASURER PO BOX 1179 LAS CRUCES, NM 88004  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.98	<b>Priority creditor's name and mailing address</b> DOUGLAS COUNTY TREASURER PO BOX 2855 OMAHA, NE 68103-2855  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.104	<b>Priority creditor's name and mailing address</b> EUFAULA BARBOUR COUNTY CHAMBER OF COMMERCE 333 EAST BROAD STREET EUFAULA, AL 36027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.105	<b>Priority creditor's name and mailing address</b> EVANGELINE SHERIFF & TAX COLLECTOR 200 COURT ST, STE 100 VILLE PLATTE, LA 70586  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.106	<b>Priority creditor's name and mailing address</b> FAIRFAX COUNTY DEPARTMENT OF TAX ADMINISTRATION 12000 GOVERNMENT CENTER PARKWAY, STE 223 FAIRFAX, VA 22035  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.107	<b>Priority creditor's name and mailing address</b> FAULKNER COUNTY TAX COLLECTOR 806 FAULKNER ST CONWAY, AR 72034  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.108	<b>Priority creditor's name and mailing address</b> FAYETTE COUNTY TRUSTEE PO BOX 340 SOMERVILLE, TN 38068  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

Page 23 of 89

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.114	<b>Priority creditor's name and mailing address</b> FRANKLIN CITY TAX COLLECTOR PO BOX 567 FRANKLIN, LA 70538  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.115	<b>Priority creditor's name and mailing address</b> FREDERICKSBURG CITY TREASURER PO BOX 967 FREDERICKSBURG, VA 22401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.116	<b>Priority creditor's name and mailing address</b> FULTON COUNTY TAX COMMISSIONER PO BOX 105052 ATLANTA, GA 30348-5052  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.117	<b>Priority creditor's name and mailing address</b> GALVESTON COUNTY TAX ASSESSOR COLLECTOR 722 MOODY AVE GALVESTON, TX 77550  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.118	<b>Priority creditor's name and mailing address</b> GCCISD TAX SERVICES PO BOX 2805 BAYTOWN, TX 77521  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.119	<b>Priority creditor's name and mailing address</b> GEORGIA DEPARTMENT OF REVENUE 1800 CENTURY BLVD NE ATLANTA, GA 30345  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.120	<b>Priority creditor's name and mailing address</b> GERMANTOWN CITY COLLECTOR 1930 GERMANTOWN RD GERMANTOWN, TN 38138  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.121	<b>Priority creditor's name and mailing address</b> GOOSE CREEK CISD TAX SERVICES PO BOX 2805 BAYTOWN, TX 77522  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.122	<b>Priority creditor's name and mailing address</b> GRAMBLING CITY TAX COLLECTOR PO BOX 109 GRAMBLING, LA 71245  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.123	<b>Priority creditor's name and mailing address</b> GRAMERCY TOWN TAX COLLECTOR 5800 LOUISIANA HWY 44 GRAMERCY, LA 70723  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.124	<b>Priority creditor's name and mailing address</b> GREENVILLE COUNTY TAX COLLECTOR DEPT 390 COLUMBIA, SC 29202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.125	<b>Priority creditor's name and mailing address</b> GREENWOOD-LEFLORE COUNTY CHAMBER OF COMMERCE 402 U.S. 82 GREENWOOD, MS 38930  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.126	<b>Priority creditor's name and mailing address</b> GREGG COUNTY TAX ASSESSOR-COLLECTOR PO BOX 1431 LONGVIEW, TX 75606  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.127	<b>Priority creditor's name and mailing address</b> GRETNAL CITY TAX COLLECTOR PO BOX 404 GRETNAL, LA 70054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.128	<b>Priority creditor's name and mailing address</b> GWINNETT COUNTY TAX COMMISSIONER PO BOX 372 LAWRENCEVILLE, GA 30046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.129	<b>Priority creditor's name and mailing address</b> HANCOCK COUNTY TAX COLLECTOR PO BOX 2428 BAY ST LOUIS,, MS 39521  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.130	<b>Priority creditor's name and mailing address</b> HARDIN COUNTY TAX ASSESSOR-COLLECTOR PO BOX 2260 KOUNTZE, TX 77625  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.131	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY TAX ASSESSOR COLLECTOR PO BOX 4622 HOUSTON, TX 77210  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.132	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON, TX 77210  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.133	<b>Priority creditor's name and mailing address</b> HARRISON COUNTY APPRAISAL DISTRICT TAX COLLECTOR PO BOX 818 MARSHALL, TX 75671  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.134	<b>Priority creditor's name and mailing address</b> HARRISON COUNTY TAX COLLECTOR PO BOX 1270 GULFPORT, MS 39502  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.135	<b>Priority creditor's name and mailing address</b> HAWAII DEPT OF FINANCE & ADMIN 830 PUNCHBOWL ST HONOLULU, HI 96813  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.136	<b>Priority creditor's name and mailing address</b> HEMPSTEAD COUNTY TAX COLLECTOR PO BOX 549 HOPE, AR 71802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.137	<b>Priority creditor's name and mailing address</b> HENDERSON COUNTY TAX ASSESSOR COLLECTOR 125 N PRAIRIEVILLE 103 ATHENS, TX 75751  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.138	<b>Priority creditor's name and mailing address</b> HENDERSON COUNTY TRUSTEE PO BOX 9 LEXINGTON, TN 38351  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.139	<b>Priority creditor's name and mailing address</b> HENRY COUNTY TRUSTEE PO BOX 776 PARIS, TN 38242  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.140	<b>Priority creditor's name and mailing address</b> HIDALGO COUNTY TAX ASSESSOR COLLECTOR PO BOX 178 EDINBURG, TX 78540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.141	<b>Priority creditor's name and mailing address</b> HINDS COUNTY TAX COLLECTOR PO BOX 1727 JACKSON, MS 39215  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.142	<b>Priority creditor's name and mailing address</b> HOPKINS COUNTY TAX OFFICE PO BOX 481 SULPHUR SPRINGS, TX 75483  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.143	<b>Priority creditor's name and mailing address</b> Horry County Treasurer PO BOX 260107 Conway, SC 29528  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

**Part 1: Additional Page**

		Total claim	Priority amount	
2.144	<b>Priority creditor's name and mailing address</b> HOT SPRINGS A&P COMMISSION 324 MALVERN AVE, 2ND FL HOT SPRINGS NATL PARK, AR 71901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.145	<b>Priority creditor's name and mailing address</b> HOUSTON COUNTY TAX COMMISSIONER PO DRAWER 7799 WARNER ROBBINS, GA 31095  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.146	<b>Priority creditor's name and mailing address</b> HUMBLE ISD TAX COLLECTOR PO BOX 4020 HOUSTON, TX 77210  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.147	<b>Priority creditor's name and mailing address</b> IBERIA PARISH TAX COLLECTOR 300 IBERIA ST, STE 120 NEW IBERIA, LA 70560  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.148	<b>Priority creditor's name and mailing address</b> IDAHO STATE TAX COMMISSION PO BOX 83784 BOISE, ID 83707  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.149	<b>Priority creditor's name and mailing address</b> JACKSON CITY TAX COLLECTOR PO BOX 2508 JACKSON, TN 38302  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.150	<b>Priority creditor's name and mailing address</b> JACKSON COUNTY TAX COLLECTOR PO BOX 998 PASCAGOULA, MS 39568  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.151	<b>Priority creditor's name and mailing address</b> JEFFERSON COUNTY ASSISTANT TAX COLLECTOR PO BOX 1190 BRESSEMER, AL 35021  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.152	<b>Priority creditor's name and mailing address</b> JEFFERSON COUNTY TAX ASSESSOR COLLECTOR PO BOX 2112 BEAUMONT, TX 77704  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.153	<b>Priority creditor's name and mailing address</b> JEFFERSON COUNTY TAX COLLECTOR 716 RICHARD ARRINGTON JR BLVD N RM 160 COURTHOUSE BIRMINGHAM, AL 35203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.154	<b>Priority creditor's name and mailing address</b> JEFFERSON DAVIS PARISH TAX COLLECTOR PO BOX 863 JENNINGS, LA 70546  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.155	<b>Priority creditor's name and mailing address</b> JEFFERSON PARISH SHERIFFS OFFICE 200 DERBIGNY ST, STE 1200 GRETN, LA 70053  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.156	<b>Priority creditor's name and mailing address</b> JONES COUNTY TAX COLLECTOR PO BOX 511 LAUREL, MS 39441  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.157	<b>Priority creditor's name and mailing address</b> KENNER CITY TAX COLLECTOR 1610 REVEREND RICHARD WILSON DR KENNER, LA 70062  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.158	<b>Priority creditor's name and mailing address</b> KENTUCKY STATE TREASURER 700 CAPITAL AVE, STE 152 FRANKFORT, KY 40601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.164	<b>Priority creditor's name and mailing address</b> LAFAYETTE CITY TAX COLLECTOR PO BOX 4024 LAFAYETTE, LA 70502  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.165	<b>Priority creditor's name and mailing address</b> LAFAYETTE PARISH TAX COLLECTOR PO BOX 92590 LAFAYETTE, LA 70509  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.166	<b>Priority creditor's name and mailing address</b> LAFOURCHE PARISH SHERIFFS OFFICE PO BOX 669227 DALLAS, TX 75266  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.167	<b>Priority creditor's name and mailing address</b> LAMAR COUNTY TAX COLLECTOR PO BOX 309 PURVIS, MS 39475  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.168	<b>Priority creditor's name and mailing address</b> LAREDO CITY TAX DEPARTMENT PO BOX 6548 LAREDO, TX 78042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.169	<b>Priority creditor's name and mailing address</b> LASALLE PARISH SHERIFF & TAX COLLECTOR PO BOX 70 JENA, LA 71342  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.170	<b>Priority creditor's name and mailing address</b> LAUDERDALE COUNTY TAX COLLECTOR PO BOX 5205 MERIDIAN, MS 39302  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.171	<b>Priority creditor's name and mailing address</b> LE FLORE COUNTY TREASURER PO BOX 100 POTEAU, OK 74953  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.172	<b>Priority creditor's name and mailing address</b> LEA COUNTY TREASURER 100 N MAIN AVE, STE 3C LOVINGTON, NM 88260  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.173	<b>Priority creditor's name and mailing address</b> LEE COUNTY REVENUE COMMISSIONER DEPT PP PO BOX 2413 OPEKILA, AL 36803  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.174	<b>Priority creditor's name and mailing address</b> LEE COUNTY TAX COLLECTOR PO BOX 271 TUPELO, MS 38802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.175	<b>Priority creditor's name and mailing address</b> LEESVILLE CITY TAX COLLECTOR PO BOX 1191 LEESVILLE, LA 71496  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.176	<b>Priority creditor's name and mailing address</b> LEFLORE COUNTY TAX COLLECTOR PO BOX 1349 GREENWOOD, MS 38935  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.177	<b>Priority creditor's name and mailing address</b> LEXINGTON COUNTY TREASURERS OFFICE 212 S LAKE DR, STE 101 LEXINGTON, SC 29072  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.178	<b>Priority creditor's name and mailing address</b> LINCOLN COUNTY TAX COLLECTOR 301 FIRST ST, RM 109 BROOKHAVEN, MS 39601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.179	<b>Priority creditor's name and mailing address</b> LINCOLN PARISH SHERIFF & TAX COLLECTOR PO BOX 2070 RUSTON, LA 71270  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.180	<b>Priority creditor's name and mailing address</b> LIVINGSTON PARISH SHERIFF PO BOX 370 LIVINGSTON, LA 70754  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.181	<b>Priority creditor's name and mailing address</b> LONOKE COUNTY TAX COLLECTOR PO BOX 192 LONOKE, AR 72086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.182	<b>Priority creditor's name and mailing address</b> LOUISVILLE CITY TAX COLLECTOR PO BOX 510 LOUISVILLE, MS 39339  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.183	<b>Priority creditor's name and mailing address</b> LYNCHBURG CITY TREASURER PO BOX 9000 LYNCHBURG, VA 24505  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.184	<b>Priority creditor's name and mailing address</b> MACON COUNTY REVENUE COMMISSIONER PO BOX 830420 TUSKGE, AL 36083  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.185	<b>Priority creditor's name and mailing address</b> MACON-BIBB COUNTY TAX COMMISSIONER PO BOX 4724 MACON, GA 31201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.186	<b>Priority creditor's name and mailing address</b> MADISON COUNTY TAX COLLECTOR 171 COBBLESTONE DR MADISON, MS 39110  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.187	<b>Priority creditor's name and mailing address</b> MADISON COUNTY TAX COLLECTOR-CANTON PO BOX 113 CANTON, MS 39046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.188	<b>Priority creditor's name and mailing address</b> MADISON COUNTY TRUSTEE 100 E MAIN ST ROOM 107 JACKSON, TN 38301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.189	<b>Priority creditor's name and mailing address</b> MAMOU TOWN TAX COLLECTOR PO BOX 490 MAMOU, LA 70554  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.190	<b>Priority creditor's name and mailing address</b> MARENGO COUNTY REVENUE COMMISSIONER PO BOX 480578 LINDEN, AL 36748  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.191	<b>Priority creditor's name and mailing address</b> MARION COUNTY TAX COLLECTOR 250 BROAD STREET, STE. 3 COLUMBIA, MS 39429  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.192	<b>Priority creditor's name and mailing address</b> MARION COUNTY TREASURER PO BOX 100328 COLUMBIA, SC 29202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.193	<b>Priority creditor's name and mailing address</b> MARTIN COUNTY TAX COLLECTOR 3485 SE WILLOUGHBY BLVD STUART, FL 34994  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

			Total claim	Priority amount
2.194	<b>Priority creditor's name and mailing address</b> MARYLAND DEPT OF FINANCE & ADMIN 45 CALVERT ST., ROOM 170 ANNAPOLIS, MD 21401 ANNAPOLIS, MD 21401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.195	<b>Priority creditor's name and mailing address</b> MAURICE TOWN TAX COLLECTOR 405 LASTIE AVE MAURICE, LA 70555  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.196	<b>Priority creditor's name and mailing address</b> MAURICE VILLAGE TAX COLLECTOR PO BOX 128 MAURICE, LA 70555  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.197	<b>Priority creditor's name and mailing address</b> MAYES COUNTY TREASURER 1 CT PL, STE 100 PRYOR, OK 74361  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.198	<b>Priority creditor's name and mailing address</b> MCLENNAN PUBLIC IMPROVEMENT DISTRICT PO BOX 406 WACO, TX 76703  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.199	<b>Priority creditor's name and mailing address</b> MECKLENBURG CITY-COUNTY TAX COLLECTOR PO BOX 32728 CHARLOTTE, NC 28272  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.200	<b>Priority creditor's name and mailing address</b> MECKLENBURG COUNTY TAX COLLECTOR PO BOX 71063 CHARLOTTE, NC 28272  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.201	<b>Priority creditor's name and mailing address</b> MEMPHIS CITY TAX COLLECTOR PO BOX 185 MEMPHIS, TN 38101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.202	<b>Priority creditor's name and mailing address</b> MIDLAND CENTRAL APPRAISAL DISTRICT PO BOX 908002 MIDLAND, TX 79708  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.203	<b>Priority creditor's name and mailing address</b> MILLER COUNTY TAX COLLECTOR 400 LAUREL ST STE 111 TEXARKANA, AR 71854  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.204	<b>Priority creditor's name and mailing address</b> MINNESOTA DEPT OF FINANCE & ADMIN 50 SHERBURNE AVE ST. PAUL, MN 55155  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.205	<b>Priority creditor's name and mailing address</b> MOBILE COUNTY REVENUE COMMISSIONER PO BOX 1169 MOBILE, AL 36633  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.206	<b>Priority creditor's name and mailing address</b> MONA COPE COUNTY COLLECTOR PO BOX 278 FORSYTH, MO 65653  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.207	<b>Priority creditor's name and mailing address</b> MONROE COUNTY REVENUE COMMISSIONER 65 N ALABAMA AVE MONROEVILLE, AL 36460  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.208	<b>Priority creditor's name and mailing address</b> MONROE COUNTY TAX COLLECTOR PO BOX 684 ABERDEEN, MS 39730  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

**Part 1: Additional Page**

		Total claim	Priority amount	
2.209	<b>Priority creditor's name and mailing address</b> MONTEREY COUNTY TAX COLLECTOR PO BOX 891 SALINAS, CA 93902-0891  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.210	<b>Priority creditor's name and mailing address</b> MONTGOMERY COUNTY REVENUE COMMISSIONER PO BOX 4720 MONTGOMERY, AL 36103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.211	<b>Priority creditor's name and mailing address</b> MONTGOMERY COUNTY TAX COLLECTOR 400 N SAN JACINTO CONROE, TX 77301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.212	<b>Priority creditor's name and mailing address</b> MOREHOUSE PARISH SHERIFFS OFFICE 351 S FRANKLIN ST BASTROP, LA 71220  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.213	<b>Priority creditor's name and mailing address</b> MORGAN CITY TAX COLLECTOR PO BOX 1218 MORGAN CITY, LA 70381  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



Page 44 of 89

**Part 1: Additional Page**

		Total claim	Priority amount	
2.219	<b>Priority creditor's name and mailing address</b> NEW ORLEANS CITY BUREAU OF THE TREASURY PO BOX 62600 DEPARTMENT 165025 NEW ORLEANS, LA 70162  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.220	<b>Priority creditor's name and mailing address</b> NORTH AUGUSTA CITY TAX COLLECTOR PO BOX 6400 NORTH AUGUSTA, SC 29861  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.221	<b>Priority creditor's name and mailing address</b> NORTH CAROLINA DEPARTMENT OF REVENUE 501 N WILMINGTON ST RALEIGH, NC 27604  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.222	<b>Priority creditor's name and mailing address</b> NORTH CAROLINA DEPT OF FINANCE & ADMIN 3301 TERMINAL DRIVE SUITE 125 RALEIGH, NC 27699  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.223	<b>Priority creditor's name and mailing address</b> NORTH DAKOTA DEPT OF FINANCE & ADMIN 2635 E MAIN AVE BISMARCK, ND 58051  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.224	<b>Priority creditor's name and mailing address</b> NORTH SHELBY LIBRARY COLLECTOR 5521 CAHABA VALLEY RD BIRMINGHAM, AL 35242  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.225	<b>Priority creditor's name and mailing address</b> OAKDALE CITY TAX COLLECTOR PO BOX 728 OAKDALE, LA 71463  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.226	<b>Priority creditor's name and mailing address</b> OHIO DEPT OF FINANCE & ADMIN 101 W THIRD ST DAYTON, OH 45402  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.227	<b>Priority creditor's name and mailing address</b> OKLAHOMA COUNTY TREASURER PO BOX 268875 OKLAHOMA CITY, OK 73126  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.228	<b>Priority creditor's name and mailing address</b> OKLAHOMA DEPT OF FINANCE & ADMIN 100 N WALKER AVE OKLAHOMA CITY, OK 73102  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.229	<b>Priority creditor's name and mailing address</b> ORANGE COUNTY TAX COLLECTOR PO BOX 1568 ORANGE, TX 77631  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.230	<b>Priority creditor's name and mailing address</b> OREGON DEPARTMENT OF REVENUE PO BOX 14950 SALEM, OR 97309-0950  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.231	<b>Priority creditor's name and mailing address</b> OUACHITA COUNTY SHERIFF & COLLECTOR PO BOX 217 CAMDEN, AR 71711  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.232	<b>Priority creditor's name and mailing address</b> OUACHITA PARISH TAX COLLECTOR 300 ST JOHN ST, RM 102 MONROE, LA 71201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.233	<b>Priority creditor's name and mailing address</b> PASADENA ISD TAX COLLECTOR PO BOX 1318 PASADENA, TX 77501-1318  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.234	<b>Priority creditor's name and mailing address</b> PATTERSON CITY TAX COLLECTOR PO BOX 367 PATTERSON, LA 70392  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.235	<b>Priority creditor's name and mailing address</b> PEARL RIVER COUNTY TAX COLLECTOR PO BOX 509 POPLARVILLE, MS 39470  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.236	<b>Priority creditor's name and mailing address</b> PERRY CITY TAX DEPARTMENT PO BOX 2030 PERRY, GA 31069  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.237	<b>Priority creditor's name and mailing address</b> PHELPS COUNTY TAX COLLECTOR 200 N MAIN ST, STE 129 ROLLA, MO 65401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.238	<b>Priority creditor's name and mailing address</b> PIKE COUNTY TAX COLLECTOR PO BOX 111 MAGNOLIA, MS 39652  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount
2.239	<b>Priority creditor's name and mailing address</b> PITTSBURG COUNTY TREASURER 115 E CARL ALBERT PKWY 102 MCALESTER, OK 74501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.240	<b>Priority creditor's name and mailing address</b> PLAQUEMINES PARISH SHERIFFS OFFICE 8022 HIGHWAY 23 BELLE CHASSE, LA 70037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.241	<b>Priority creditor's name and mailing address</b> POINTE COUPEE PARISH TAX COLLECTOR PO BOX 248 NEW ROADS, LA 70760  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.242	<b>Priority creditor's name and mailing address</b> PONTOTOC COUNTY TAX COLLECTOR 11 E WASHINGTON ST PONTOTOC, MS 38863  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.243	<b>Priority creditor's name and mailing address</b> PORT ALLEN CITY TAX COLLECTOR PO BOX 468 PORT ALLEN, LA 70767  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.244	<b>Priority creditor's name and mailing address</b> PULASKI COUNTY TREASURER PO BOX 8101 LITTLE ROCK, AR 72203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.245	<b>Priority creditor's name and mailing address</b> RANDOLPH COUNTY TAX COLLECTOR 107 W BROADWAY ST, STE H POCAHONTAS, AR 72455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.246	<b>Priority creditor's name and mailing address</b> RANKIN COUNTY TAX COLLECTOR 211 E GOVERNMENT ST, STE B BRANDON, MS 39042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.247	<b>Priority creditor's name and mailing address</b> RAPIDES PARISH SALES AND USE TAX DEPART 5606 COLISEUM BLVD ALEXANDRIA, LA 71303  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.248	<b>Priority creditor's name and mailing address</b> RAPIDES PARISH SHERIFF AND TAX COLLECTOR 701 MURRAY ST, STE 302 ALEXANDRIA, LA 71301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.249	<b>Priority creditor's name and mailing address</b> RAYNE CITY TAX COLLECTOR PO BOX 69 RAYNE, LA 70578  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.250	<b>Priority creditor's name and mailing address</b> RICHLAND COUNTY TREASURER PO BOX 11947 COLUMBIA, SC 29202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.251	<b>Priority creditor's name and mailing address</b> RICHMOND COUNTY TAX COMMISSIONER 535 TELFAIR ST - SUITE 100 AUGUSTA, GA 30901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.252	<b>Priority creditor's name and mailing address</b> RUSSELL COUNTY REVENUE COMMISSIONER PO BOX 669 PHENIX CITY, AL 36868  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.253	<b>Priority creditor's name and mailing address</b> RUTHERFORD COUNTY TRUSTEE PO BOX 1316 MURFREESBORO, TN 37133  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.254	<b>Priority creditor's name and mailing address</b> SALINE COUNTY TAX COLLECTOR 215 N MAIN ST STE 3 BENTON, AR 72015  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.255	<b>Priority creditor's name and mailing address</b> SEBASTIAN COUNTY TAX COLLECTOR PO BOX 1358 FORT SMITH, AR 72902  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.256	<b>Priority creditor's name and mailing address</b> SEQUOYAH COUNTY TREASURER PO BOX 747 SALLISAW, OK 74955  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.257	<b>Priority creditor's name and mailing address</b> SEVIER COUNTY SHERIFF/COLLECTOR 115 N THIRD ST DE QUEEN, AR 71832  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.258	<b>Priority creditor's name and mailing address</b> SHELBY COUNTY PROPERTY TAX COMMISSIONER PO BOX 1298 COLUMBIANA, AL 35051  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.264	<b>Priority creditor's name and mailing address</b> SOUTH DAKOTA DEPT OF FINANCE & ADMIN 224 W 9TH ST SIOUX FALLS, SD 57104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.265	<b>Priority creditor's name and mailing address</b> SPRING BRANCH ISD TAX ASSESSOR-COLLECTOR PO BOX 19037 HOUSTON, TX 77224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.266	<b>Priority creditor's name and mailing address</b> ST BERNARD PARISH SHERIFF & EX-OFFICIO TAX COLLECTOR PO BOX 168 CHALMETTE, LA 70044  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.267	<b>Priority creditor's name and mailing address</b> ST CHARLES PARISH TAX COLLECTOR PO BOX 440 HAHNVILLE, LA 70057  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.268	<b>Priority creditor's name and mailing address</b> ST FRANCIS COUNTY TAX COLLECTOR PO BOX 1817 FORREST CITY, AR 72335  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.269	<b>Priority creditor's name and mailing address</b> ST HELENA PARISH SHERIFF & TAX COLLECTOR PO BOX 1205 GREENSBURG, LA 70441  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.270	<b>Priority creditor's name and mailing address</b> ST JAMES PARISH SHERIFF & EX-OFFICIO TAX COLLECTOR PO BOX 83 CONVENT, LA 70723  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.271	<b>Priority creditor's name and mailing address</b> ST JOHN THE BAPTIST PARISH SHERIFF & TAX PO BOX 1600 LAPLACE, LA 70069  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.272	<b>Priority creditor's name and mailing address</b> ST LANDRY PARISH SHERIFF PO BOX 1029 OPELOUSAS, LA 70570  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.273	<b>Priority creditor's name and mailing address</b> ST LOUIS CITY COLLECTOR OF REVENUE PO BOX 66877 ST LOUIS, MO 63166  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.274	<b>Priority creditor's name and mailing address</b> ST LOUIS COUNTY COLLECTOR OF REVENUE 41 S CENTRAL AVE ST LOUIS, MO 63105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.275	<b>Priority creditor's name and mailing address</b> ST LOUIS COUNTY REVENUE COLLECTOR 41 S. CENTRAL AVE ST LOUIS, MO 63105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.276	<b>Priority creditor's name and mailing address</b> ST MARTIN PARISH SHERIFF PO BOX 247 ST MARTINVILLE, LA 70582  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.277	<b>Priority creditor's name and mailing address</b> ST TAMMANY PARISH TAX COLLECTOR PO BOX 1450 COVINGTON, LA 70434  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.278	<b>Priority creditor's name and mailing address</b> ST. MARY PARISH SHERIFFS OFFICE PO BOX 610 PATTERSON, LA 70392  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.279	<b>Priority creditor's name and mailing address</b> STODDARD COUNTY TAX COLLECTOR PO BOX 80 BLOOMFIELD, MO 63825  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.280	<b>Priority creditor's name and mailing address</b> SULPHUR SPRINGS ISD TAX OFFICE 631 CONNALLY SULPHUR SPRINGS, TX 75482  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.281	<b>Priority creditor's name and mailing address</b> SUNFLOWER COUNTY ASSESSOR/COLLECTOR PO BOX 1080 INDIANOLA, MS 38751  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.282	<b>Priority creditor's name and mailing address</b> TALLADEGA COUNTY REVENUE COMMISSIONER PO BOX 1119 TALLADEGA, AL 35161  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.283	<b>Priority creditor's name and mailing address</b> TALLAPOOSA COUNTY REVENUE COMMISSIONER 125 N BROADNAX ST DADEVILLE, AL 36853  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

			Total claim	Priority amount
2.284	<b>Priority creditor's name and mailing address</b> TANEY COUNTY TAX COLLECTOR PO BOX 278 FORSYTH, MO 65653  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.285	<b>Priority creditor's name and mailing address</b> TANGIPAHOA PARISH SHERIFFS OFFICE PO BOX 1327 ROBERTA, LA 70455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.286	<b>Priority creditor's name and mailing address</b> TARRANT COUNTY TAX ASSESSOR-COLLECTOR PO BOX 961018 FORT WORTH, TX 76196  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.287	<b>Priority creditor's name and mailing address</b> TATE COUNTY COLLECTOR 201 S WARD ST SENATOBIA, MS 38668  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.288	<b>Priority creditor's name and mailing address</b> TAYLOR COUNTY CAD TAX COLLECTOR PO BOX 1800 ABILENE, TX 79604  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.289	<b>Priority creditor's name and mailing address</b> TENNESSEE DEPT OF FINANCE & ADMIN 312 ROSA L PARKS AVE NASHVILLE, TN 37243  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.290	<b>Priority creditor's name and mailing address</b> TERREBONNE PARISH SHERIFFS AND EX-OFFICIO TAX COLLECTOR PO BOX 1990 GRAY, LA 70359  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.291	<b>Priority creditor's name and mailing address</b> TEXAS DEPT OF FINANCE & ADMIN 400 S ZANG BLVD 900, DALLAS, TX 75208 DALLAS, TX 75208  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.292	<b>Priority creditor's name and mailing address</b> THIBODAUX CITY TAX COLLECTOR PO BOX 5418 THIBODAUX, LA 70302  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.293	<b>Priority creditor's name and mailing address</b> TRAVIS COUNTY TAX OFFICE 5501 AIRPORT BLVD AUSTIN, TX 78701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount
2.294	<b>Priority creditor's name and mailing address</b> TULSA COUNTY TREASURER PO BOX 21017 TULSA, OK 74119  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.295	<b>Priority creditor's name and mailing address</b> TUSCALOOSA COUNTY TAX COLLECTOR 714 GREENSBORO AVE RM 124 TUSCALOOSA, AL 35401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.296	<b>Priority creditor's name and mailing address</b> UNION COUNTY COLLECTOR 101 N WASHINGTON RM 106 EL DORADO, AR 71730  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.297	<b>Priority creditor's name and mailing address</b> UNION COUNTY TAX COLLECTOR PO BOX 862 NEW ALBANY, MS 38652  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.298	<b>Priority creditor's name and mailing address</b> UNITED ISD TAX OFFICE 3501 E SAUNDERS LAREDO, TX 78041  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

**Part 1: Additional Page**

		Total claim	Priority amount
2.299	<b>Priority creditor's name and mailing address</b> UTAH STATE TAX COMMISSION 210 NORTH 1950 WEST SALT LAKE CITY, UT 84134  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.300	<b>Priority creditor's name and mailing address</b> VERMILION PARISH TAX COLLECTOR PO BOX 307 ABBEVILLE, LA 70501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.301	<b>Priority creditor's name and mailing address</b> VERNON COUNTY TAX COLLECTOR 100 W CHERRY NEVADA, MO 64772  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.302	<b>Priority creditor's name and mailing address</b> VERNON PARISH SHERIFF AND EX-OFFICIO TAX COLLECTOR PO BOX 649 LEESVILLE, LA 71496  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.303	<b>Priority creditor's name and mailing address</b> VICTORIA COUNTY TAX ASSESSOR-COLLECTOR PO BOX 2569 VICTORIA, TX 77902  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN



(Name)

**Part 1: Additional Page**

		Total claim	Priority amount
2.309	<b>Priority creditor's name and mailing address</b> WASHINGTON PARISH TAX COLLECTOR 1002 MAIN STREET FRANKLINTON, LA 70438  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.310	<b>Priority creditor's name and mailing address</b> WEBB COUNTY TAX ASSESSOR/COLLECTOR PO BOX 420128 LAREDO, TX 78042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.311	<b>Priority creditor's name and mailing address</b> WEBB COUNTY TAX OFFICE PO BOX 420128 LAREDO, TX 78042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.312	<b>Priority creditor's name and mailing address</b> WEST BATON ROUGE TAX COLLECTOR PO BOX 129 PORT ALLEN, LA 70767  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.313	<b>Priority creditor's name and mailing address</b> WEST POINT CITY TAX COLLECTOR PO BOX 1117 WEST POINT, MS 39773  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

**Part 1: Additional Page**

		Total claim	Priority amount	
2.314	<b>Priority creditor's name and mailing address</b> WESTWEGO CITY TAX COLLECTOR 1100 FOURTH ST WESTWEGO, LA 70094  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.315	<b>Priority creditor's name and mailing address</b> WHITE COUNTY TAX COLLECTOR 115 W ARCH AVE SEARCY, AR 72143  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.316	<b>Priority creditor's name and mailing address</b> WICHITA COUNTY TAX ASSESSOR COLLECTOR 600 SCOTT AVE STE 103 WICHITA FALLS, TX 76301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.317	<b>Priority creditor's name and mailing address</b> WILLIAMSON COUNTY TRUSTEE 1320 W MAIN ST, STE 203 FRANKLIN, TN 37064  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.318	<b>Priority creditor's name and mailing address</b> WILSON COUNTY TRUSTEE PO BOX 865 LEBANON, TN 37088  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN



## Part 2:

## Additional Page

			Amount of claim
3.2	<b>Nonpriority creditor's name and mailing address</b> 938 CONKLING LLC 938 SOUTH CONKLING STREET BALTIMORE, MD 21224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.34
3.3	<b>Nonpriority creditor's name and mailing address</b> ABRAMS & BAYLISS LLP 20 MONTCHANIN ROAD SUITE 200 WILMINGTON, DE 19807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.4	<b>Nonpriority creditor's name and mailing address</b> ACUITY CFO, LLC PO BOX 105603 PMB 85702 ATLANTA, GA 30348-5603  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.00
3.5	<b>Nonpriority creditor's name and mailing address</b> ADP P.O. BOX 842875 BOSTON, MA 02284  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.97
3.6	<b>Nonpriority creditor's name and mailing address</b> AFCO ATTN: PAYMENT PROCESSING 5600 NORTH RIVER ROAD, SUITE 400 ROSEMONT, IL 60018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,550.24

## Part 2:

## Additional Page

			Amount of claim
3.7	<b>Nonpriority creditor's name and mailing address</b> ALEXIS, ASHLEY C/O MORRIS BART LLC PAN AMERICAN LIFE CENTER 601 POYDRAS ST, 24TH FL NEW ORLEANS, LA 70130  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.8	<b>Nonpriority creditor's name and mailing address</b> AMAZON WEB SERVICES PO BOX 84023 SEATTLE, WA 98124  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,749.08
3.9	<b>Nonpriority creditor's name and mailing address</b> AT&T CORP PO BOX 5077 CAROL STREAM, IL 60197-5077  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$679.66
3.10	<b>Nonpriority creditor's name and mailing address</b> BAKER DONELSON BEARMAN, CALDWELL, & BERK. 165 MADISON AVENUE SUITE 200 MEMPHIS, TN 38103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,779.62
3.11	<b>Nonpriority creditor's name and mailing address</b> BCBSLA P.O. BOX 650007 DALLAS, TX 75265-0007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,737.16



## Part 2:

## Additional Page

			Amount of claim
3.12	<b>Nonpriority creditor's name and mailing address</b> BOBBY'S COUNTRY COOKIN' LLC C/O PRICE ARMSTRONG LLC ATTN NICHOLAS W. ARMSTRONG 2266 1ST AVE S, STE 105 BIRMINGHAM, AL 35233  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.13	<b>Nonpriority creditor's name and mailing address</b> BORDEN LADNER GERVAIS LLP 1200 WATERFRONT CENTRE 200 BURRARD STREET VANCOUVER, BC V&X 1T2 CANADA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.98
3.14	<b>Nonpriority creditor's name and mailing address</b> BRANCH METRICS, INC 1400 SEAPORT BLVD BUILDING B, FLOOR 2 REDWOOD CITY, CA 94063  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.15	<b>Nonpriority creditor's name and mailing address</b> BREX CREDIT CARD  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.22
3.16	<b>Nonpriority creditor's name and mailing address</b> BROWN, MELISSA TRINETTE C/O MALCOLM X LARVADAIN, ATTY 626 8TH ST ALEXANDRIA, LA 71301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

Additional Page

			Amount of claim
3.17	<b>Nonpriority creditor's name and mailing address</b> BROWN, STERLING TERREL C/O MALCOLM X LARVADAIN, ATTY 626 8TH ST ALEXANDRIA, LA 71301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.18	<b>Nonpriority creditor's name and mailing address</b> CARRASCO, HEATHER  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.19	<b>Nonpriority creditor's name and mailing address</b> CATOIR, JOSEPH C/O GORDON MCKERNAN INJURY ATTORNEYS ATTN BRIAN C COLOMB, ATTY 2505 VEROT SCHOOL RD LAFAYETTE, LA 70508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.20	<b>Nonpriority creditor's name and mailing address</b> CENTERFIELD MEDIA HOLDING COMPANY 12130 MILLENNIUM DRIVE SUITE 600 LOS ANGELES, CA 90094  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199,000.00
3.21	<b>Nonpriority creditor's name and mailing address</b> CHAISSON, THERON & JESSICA C/O GORDON MCKERNAN INJURY ATTORNEYS ATTN BRIAN C COLOMB, ATTY 2505 VEROT SCHOOL RD LAFAYETTE, LA 70508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.22	<b>Nonpriority creditor's name and mailing address</b> CISION INC - PR NEWSWIRE ASSOCIATION PO BOX 417215 BOSTON, MA 02241-7215  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,470.50
3.23	<b>Nonpriority creditor's name and mailing address</b> CLARK, MECHELLE C/O BERRY & TURNAGE PLLC 1319 MAIN ST CONWAY, AR 72034  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.24	<b>Nonpriority creditor's name and mailing address</b> COLVIN, LISA C/O CHILDRESS LAW ATTN SELLECK CHILDRESS, ATTY 108 S MAIN ST BENTON, AR 72015  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.25	<b>Nonpriority creditor's name and mailing address</b> COMPLETE CONSULTING SOLUTIONS 571 COMMONWEALTH AVENUE NEWTON, MA 02459  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,562.50
3.26	<b>Nonpriority creditor's name and mailing address</b> COMPUTERSHARE DEPT CH19228 PALENTINE, IL 60055  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,316.38

(Name)

**Part 2:**

Additional Page

			Amount of claim
3.27	<b>Nonpriority creditor's name and mailing address</b> CRYER, JEFFERY C/O PINCHON LAW FIRM LLC ATTN JEREMY PICHON ONE CANAL PLACE, 365 CANAL ST, STE 1490 NEW ORLEANS, LA 70130  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.28	<b>Nonpriority creditor's name and mailing address</b> CSC PO BOX 7410023 CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,528.33
3.29	<b>Nonpriority creditor's name and mailing address</b> CURRY, GREGORY C/O FRANKL KOMINSKY INJURY LAWYERS; SHURUQ DAAS, LEGAL ASST WOOLBRIGHT PROFESSIONAL BLDG 2240 WOOLBRIGHT ROAD, STE 201 BOYTON BEACH, FL 33426  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.30	<b>Nonpriority creditor's name and mailing address</b> CUTRER, ALICIA A C/O DUDLEY DEBOSIER INJURY LAWYERS ATTN VUD G CONINE 1075 GOVERNMENT ST BATON ROUGE, LA 70802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.31	<b>Nonpriority creditor's name and mailing address</b> DAPP, KIMBERLY ANN C/O PHILIP DEBERARD INJURY ATTORNEY 215 SW FEDERAL HWY STUART, FL 34994  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.32	<b>Nonpriority creditor's name and mailing address</b> DATADOG, INC. 620 8TH AVE 45TH FLOOR NEW YORK CITY, NY 10018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,075.30
3.33	<b>Nonpriority creditor's name and mailing address</b> DERRICK BERNARD, DBA SECURE PARKING 120 MONROE ST LAFAYETTE, LA 70501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,900.00
3.34	<b>Nonpriority creditor's name and mailing address</b> DIGITAL MEDIA INNOVATIONS C/O WEST TECHNOLOGY GROUP, LLC PO BOX 74007143 CHICAGO, IL 60661  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,580.25
3.35	<b>Nonpriority creditor's name and mailing address</b> DINGER, AMY C/O BAGGETT MCCALL BURGESS WATSON & GAUGHAN LLC ATTN JAKE BUFORD 3006 COUNTRY CLUB RD LAKE CHARLES, LA 70605  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.36	<b>Nonpriority creditor's name and mailing address</b> DORSEY & WHITNEY, LLP PO BOX 1680 MINNEAPOLIS, MN 55480-1680  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,406.06

## Part 2:

## Additional Page

			Amount of claim
3.37	<b>Nonpriority creditor's name and mailing address</b> DOZAR, KATHRYN C/O SPURGEON LAW FIRM ATTN THOMAS M DAIGLE; CHRISTOPHER T CASTRO 711 JOHNSTON ST LAFAYETTE, LA 70501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.38	<b>Nonpriority creditor's name and mailing address</b> EDWARDS, SCOTT C/O PHILIP DEBERARD INJURY ATTORNEY 215 SW FEDERAL HWY STUART, FL 34994  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.39	<b>Nonpriority creditor's name and mailing address</b> ELASTICSEARCH INC 800 WEST EL CAMINO REAL SUITE 350 MOUNTAIN VIEW, CA 94040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.84
3.40	<b>Nonpriority creditor's name and mailing address</b> ELLIOTT CRYER, JOY C/O PINCHON LAW FIRM LLC ATTN JEREMY PICHON ONE CANAL PLACE, 365 CANAL ST, STE 1490 NEW ORLEANS, LA 70130  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.41	<b>Nonpriority creditor's name and mailing address</b> ERNST & YOUNG LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00

## Part 2:

## Additional Page

			Amount of claim
3.42	<b>Nonpriority creditor's name and mailing address</b> FAHEY, KEVIN C/O REICH AND MANCINI 3500 SW CORPORATE PKWY, STE 100 PALMI CITY, FL 34990  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.43	<b>Nonpriority creditor's name and mailing address</b> FEDEX SHIPPING PO BOX 660481 DALLAS, TX 75266-0481  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,191.02
3.44	<b>Nonpriority creditor's name and mailing address</b> FERGUSON, JASMINE C/O GIM LAW FIRM PLLC 5775 WAYZATA BLVD, STE 700 ST LOUIS PARK, MN 55416  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.45	<b>Nonpriority creditor's name and mailing address</b> FOODIFY VISA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,726.36
3.46	<b>Nonpriority creditor's name and mailing address</b> FPL GENERAL MAIL FACILITY MIAMI, FL 33188-0001  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.42

## Part 2:

## Additional Page

			Amount of claim
3.47	<b>Nonpriority creditor's name and mailing address</b> FRIEDMAN, MATTHEW C/O SQUITIERI & FEARIB KKO ATTN: OLIMPIO LEE LQUITIERI 305 BROADWAY 7TH FL NEW YORK, NY 10007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.48	<b>Nonpriority creditor's name and mailing address</b> GALLOWAY JOHNSON TOMPKINS BURR & SMITH ONE SHELL SQUARE 701 POYDRAS STREET, 40TH FLOOR NEW ORLEANS, LA 70139  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.12
3.49	<b>Nonpriority creditor's name and mailing address</b> GARRETT, MONICA C/O DUDLEY DEBOSIER INJURY LAWYERS ATTN B BROWN 1075 GOVERNMENT ST BATON ROUGE, LA 70802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.50	<b>Nonpriority creditor's name and mailing address</b> GOLDBERG SEGALLA 665 MAIN STREET BUFFALO, NY 14203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$520.00
3.51	<b>Nonpriority creditor's name and mailing address</b> GRAHAM CAMPBELL TECHNOLOGY LTD. 146 EDGE HILL, PONTELAND NEWCASTLE UPON TYNE NORTHUMBERLAND, UK NE20 9JN UNITED KINGDOM  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.50



## Part 2:

## Additional Page

			Amount of claim
3.52	<b>Nonpriority creditor's name and mailing address</b> GUIDRY, CANDACE C/O EDWARDS & BOWIE ATTORNEYS AT LAW ATTN EVAN T EDWARDS; LEE C DURIO; CHASE A MANUEL 2901 JOHNSON ST, STE 206 LAFAYETTE, LA 70503  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.53	<b>Nonpriority creditor's name and mailing address</b> HAMOONA TECHNOLOGY DEVELOPMENT LTD YAIR ROSENBLUM 15 YAFO TEL AVIV 4673332 ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,750.00
3.54	<b>Nonpriority creditor's name and mailing address</b> HANEY, LATOYA C/O ROY SCOTT & JAMES INJURY ATTORNEYS ATTN CORY P ROY; BRANDON J SCOTT 107 N WASHINGTON ST, PO BOX 544 MARKSVILLE, LA 71351  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.55	<b>Nonpriority creditor's name and mailing address</b> ICR, LLC 761 MAIN AVENUE NORWALK, CT 06851  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,600.00
3.56	<b>Nonpriority creditor's name and mailing address</b> IMGIX 423 TEHAMA STREET, FLOOR 1 SAN FRANCISCO, CA 94103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00

## Part 2:

## Additional Page

			Amount of claim
3.57	<b>Nonpriority creditor's name and mailing address</b> JEFFERIES LLC 520 MADISON AVENUE NEW YORK, NY 10022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750,000.00
3.58	<b>Nonpriority creditor's name and mailing address</b> JEFFERSON STREET DEVELOPMENT, LLC 1906 ERASTE LANDRY RD SUITE 200 LAFAYETTE, LA 70506  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155,751.48
3.59	<b>Nonpriority creditor's name and mailing address</b> JOHNSON, ANN C/O DORAN & CAWTHORNE PLLC ATTN PRIDE J DORAN; QUINCY L CAWTHORNE; ORELIA R LAWDINS; RAVEN C BOXIE; DAVIS DURIO 521 E LANDRY ST, PO BOX 2119 OPELOUSAS, LA 70571  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.60	<b>Nonpriority creditor's name and mailing address</b> KING, DON G C/O THE ROACH LAW FIRM ATTN BARRY ROACH 2917 RYAN ST LAKE CHARLES, LA 70601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.61	<b>Nonpriority creditor's name and mailing address</b> KUSTOMER, INC 830 MORRIS TURNPIKE 4TH FLOOR SHORT HILLS, NJ 07078  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.75

## Part 2:

## Additional Page

			Amount of claim
3.62	<b>Nonpriority creditor's name and mailing address</b> LATHROP GPM LLP 2345 GRAND BLVD, SUITE 2200 KANSAS CITY, MO 64108  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$445.59
3.63	<b>Nonpriority creditor's name and mailing address</b> LEVER, INC. DEPT 0569 PO BOX 120569 DALLAS, TX 75312-0569  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,910.00
3.64	<b>Nonpriority creditor's name and mailing address</b> LINTON INDUSTRIAL CENTER , LLC BEAVER PROPERTIES INC C/O LEVY REALTY ADVISORS, INC., 4901 NW 17TH WAY STE 103 FORT LAUDERDALE, FL 33309  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,610.79
3.65	<b>Nonpriority creditor's name and mailing address</b> LUDWIG, SHEILA C/O RENE FREDERICK & ASSOCIATES LLC ATTN: RENE PAUL FREDERICK 112 N JEFFERSON AVE COVINGTON, LA 70433  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.66	<b>Nonpriority creditor's name and mailing address</b> LUXOR CAPITAL GROUP, LP AS ADMINISTRATIVE AGENT ATTN: MICHAEL JENKELOWITZ 1114 AVENUE OF THE AMERICAS, 29TH FL NEW YORK, NY 10036  <b>Date or dates debt was incurred</b> 11/15/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONVERTIBLE NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,665,437.90

## Part 2:

## Additional Page

			Amount of claim
3.67	<b>Nonpriority creditor's name and mailing address</b> MARKETPLACE OPERATIONS INC. 350 5TH AVENUE NEW YORK, NY 10118  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,685.00
3.68	<b>Nonpriority creditor's name and mailing address</b> MCCRANEY MONTAGNET QUIN & NOBLE PLLC 602 STEED ROAD SUITE 200 RIDGELAND, MS 39157  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.00
3.69	<b>Nonpriority creditor's name and mailing address</b> MCPHERSON, MARY RITCHEY C/O THE LAW OFFICES OF GEORGE A BURKE LLC DAVIES PACIFIC CENTER 841 BISHOP ST, STE 2201 HONOLULU, HI 96813  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.70	<b>Nonpriority creditor's name and mailing address</b> MESSAGEBIRD UK LIMITED 160 OLD STREET LONDON EC1V 9BW UNITED KINGDOM  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.71	<b>Nonpriority creditor's name and mailing address</b> METCALFE & COMPANY RENTAL ACCOUNT 5 DAUPHIN STREET MOBILE, AL 36602  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,652.91

## Part 2:

## Additional Page

			Amount of claim
3.72	<b>Nonpriority creditor's name and mailing address</b> METLIFE PO BOX 360905 PITTSBURGH, PA 15251-6905  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,679.77
3.73	<b>Nonpriority creditor's name and mailing address</b> MICROSOFT CORP P.O. BOX 842103 DALLAS, TX 75284  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,036.78
3.74	<b>Nonpriority creditor's name and mailing address</b> MILLER, CHARLETTE P C/O BOHRER BRADY LLC ATTN J K BOURDEAUX 8712 JEFFERSON HWY, STE B BATON ROUGE, LA 70809  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.75	<b>Nonpriority creditor's name and mailing address</b> MONTANA-FORBES, JAHIA C/O THE CHOPIN LAW FIRM 650 POYDRAS ST, UNIT 1550 NEW ORLEANS, LA 70130  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.76	<b>Nonpriority creditor's name and mailing address</b> MOORE, FLETCHER C/O SQUITIERI & FEARIB KKO ATTN: OLIMPIO LEE LQUITIERI 305 BROADWAY 7TH FL NEW YORK, NY 10007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.77	<b>Nonpriority creditor's name and mailing address</b> NATIONAL SOFTWARE INC 1345 E CHANDLER BLVD. PHOENIX, AZ 85048  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.78	<b>Nonpriority creditor's name and mailing address</b> NATURAL INTELLIGENCE LTD TOTZERET HAARETZ ST. 6 TOHA BUILDING TEL AVIV ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,425.00
3.79	<b>Nonpriority creditor's name and mailing address</b> NUNEZ, JERICA D C/O THE TOWNSLEY LAW FIRM ATTN JUSTIN T MORALES 3102 ENTERPRISE BLVD LAKE CHARLES, LA 70601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.80	<b>Nonpriority creditor's name and mailing address</b> ONIX NETWORKING CORP 1991 CROCKER RD. SUITE 600 WESTLAKE, OH 44145  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,574.10
3.81	<b>Nonpriority creditor's name and mailing address</b> PANNELL KERR FORSTER OF TEXAS P.C. 5847 SAN FELIPE ST. SUITE 2600 HOUSTON, TX 77057-3000  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,528.00

## Part 2:

## Additional Page

			Amount of claim
3.82	<b>Nonpriority creditor's name and mailing address</b> PATRICK ACOSTA ADDRESS ON FILE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.83	<b>Nonpriority creditor's name and mailing address</b> PDG DIGITAL MARKETING LTD EZER WEIZMAN 4 HOD HASHARON ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,400.00
3.84	<b>Nonpriority creditor's name and mailing address</b> PHILLIPS, LASHANTI ANN MARK G ARTALL 109 S COLLEGE RD PO BOX 53942 LAFAYETTE, LA 70505-3942  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.85	<b>Nonpriority creditor's name and mailing address</b> PINKERTON, ZACHARY C/O LACROIX, LEVY & BARNETT LLC 1101 BOLTON AVE B ALEXANDRIA, LA 71301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.86	<b>Nonpriority creditor's name and mailing address</b> RACHAL, PATRICIA C/O SPURGEON LAW FIRM 116 VERSAILLES BLVD, STE A ALEXANDRIA, LA 71303  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.87	<b>Nonpriority creditor's name and mailing address</b> REMBERT-SMITH, TRESSA C/O PITTMAN, DUTTON, HELLUMS, BRADLEY & MANN PC ATTN AUSTIN WHITTEN & MICHAEL C BRADLEY 2001 PARK PL N, STE 1100 BIRMINGHAM, AL 35203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.88	<b>Nonpriority creditor's name and mailing address</b> RICHARD, RANDY J C/O GORDON MCKERNAN INJURY ATTORNEYS ATTN BRIAN C COLOMB, ATTY 2505 VEROT SCHOOL RD LAFAYETTE, LA 70508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.89	<b>Nonpriority creditor's name and mailing address</b> RISK STRATEGIES COMPANY PO BOX 970069 BOSTON, MA 02297  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,194.50
3.90	<b>Nonpriority creditor's name and mailing address</b> RYAN LLC THREE GALLERIA TOWER 13155 NOEL ROAD, SUITE 100 DALLAS, TX 75240  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,735.68
3.91	<b>Nonpriority creditor's name and mailing address</b> RYZE BEYOND LTD YITZHAK SADEH ST 6 YAFO TEL AVIV 6777506 ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302,940.00



## Part 2:

## Additional Page

			Amount of claim
3.92	<b>Nonpriority creditor's name and mailing address</b> SIFTSCIENCE 123 MISSION STREET SUITE 2000 SAN FRANCISCO, CA 94105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.93	<b>Nonpriority creditor's name and mailing address</b> SIMON, DEJA C/O SPURGEON LAW FIRM ATTN THOMAS M DAIGLE; CHRISTOPHER T CASTRO 711 JOHNSTON ST LAFAYETTE, LA 70501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.94	<b>Nonpriority creditor's name and mailing address</b> SINGULAR PEOPLE EUROPE, S.L. NIF: B02946747 CALLE LABASTIDA MADRID 1 28034 SPAIN  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,096.00
3.95	<b>Nonpriority creditor's name and mailing address</b> SMART GRAVITY LTD ESHKOL LEVI 68 QIRYAT ONO 5540084 ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,820.00
3.96	<b>Nonpriority creditor's name and mailing address</b> SMITH, RACHEL WALKER & RANDAL LEE C/O NORDEN LEACOX PLLC ATTN ZACHARY A LEACOX, ESQ 964 LAKE BALDWIN LN STE. 200 ORLANDO, FL 32814  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.97	<b>Nonpriority creditor's name and mailing address</b> SMITH, RANDALL C/O SUBLETTE LAW PA ATTN WILLIAM E SUBLETTE, ESQ 250 N. ORANGE AVE, STE 1220 ORLANDO, FL 32801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.98	<b>Nonpriority creditor's name and mailing address</b> STEWART, BRADLEY C/O RENE FREDERICK & ASSOCIATES LLC ATTN RENE PAUL FREDERICK 112 N JEFFERSON AVE COVINGTON, LA 70433  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.99	<b>Nonpriority creditor's name and mailing address</b> STEWART, JESSE C/O RENE FREDERICK & ASSOCIATES LLC ATTN RENE PAUL FREDERICK 112 N JEFFERSON AVE COVINGTON, LA 70433  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.100	<b>Nonpriority creditor's name and mailing address</b> STONE PRESS LLC 113 CHERRY ST 86480 SEATTLE, WA 98104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,525.00
3.101	<b>Nonpriority creditor's name and mailing address</b> TALX UCM SERVICES INC DBA TALX UC EXPRESS 4076 PAYSPERE CIRCLE CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,759.92

## Part 2:

## Additional Page

			Amount of claim
3.102	<b>Nonpriority creditor's name and mailing address</b> TELEPERFORMANCE DEPT 880023 PO BOX 29650 PHOENIX, AZ 85038  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373,683.20
3.103	<b>Nonpriority creditor's name and mailing address</b> THE ENGINE ICELAND EHF GUORUNARTUNI 8 REYKJIVICK 105 ICELAND  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.104	<b>Nonpriority creditor's name and mailing address</b> THE ULTIMATE SOFTWARE GROUP, INC 1455 NORTH PARK DRIVE WESTON, FL 33326  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,775.91
3.105	<b>Nonpriority creditor's name and mailing address</b> THIGPEN, PATRICIA C/O NEBLETT, BEARD & ARSENAULT ATTN MATTHEW J CROTTY PO BOX 12120 ALEXANDRIA, LA 71315  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.106	<b>Nonpriority creditor's name and mailing address</b> THOMPSON, COLLIN C/O FINCH DAVIS APLC ATTN STANLEY F DAVIS III 619 JEFFERSON HWY, STE 1-B, PO BOX 15315 BATON ROUGE, LA 70895-5315  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2:

## Additional Page

			Amount of claim
3.107	<b>Nonpriority creditor's name and mailing address</b> TROSCLAIR, TONY C/O DOMENGEAUX WRIGHT ROY & EDWARDS LLC ATTN ANDREW J QUACKENBOS 556 JEFFERSON ST, JEFFERSON TWRS, STE 500; PO BOX 3668 LAFAYETTE, LA 70502-3668  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.108	<b>Nonpriority creditor's name and mailing address</b> TWILIO 375 BEALE STREET SUITE 300 SAN FRANCISCO, CA 94105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.94
3.109	<b>Nonpriority creditor's name and mailing address</b> UBER TECHNOLOGIES INC 1515 3RD STREET SAN FRANCISCO, CA 94158  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,783,404.75
3.110	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA 18002-5505  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,885.02
3.111	<b>Nonpriority creditor's name and mailing address</b> VERONA ENTERPRISE LLC 1319 EAST NORTH AVE BALTIMORE, MD 21213  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$433.82

## Part 2:

## Additional Page

			Amount of claim
3.112	<b>Nonpriority creditor's name and mailing address</b> VITAL RECORDS HOLDINGS, LLC DEPT. 5874 P.O. BOX 11407 BIRMINGHAM, AL 35246  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.69
3.113	<b>Nonpriority creditor's name and mailing address</b> VIVID INK GRAPHICS 8640 AIRLINE HWY BATON ROUGE, LA 70815  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,433.63
3.114	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT INC. OF FLORIDA PO BOX 4648 CAROL STREAM, IL 60197-4648  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.44
3.115	<b>Nonpriority creditor's name and mailing address</b> WEBSELENESE LTD AZRIELI CENTER, DERECH MENACHEM BEGIN132 TEL AVIV ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154,585.00
3.116	<b>Nonpriority creditor's name and mailing address</b> WEBTRONIC LTD READING ST 58 YAFO TEL AVIV 6905010 ISRAEL  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,440.00

Part 2:

Additional Page

		Amount of claim
3.117	<b>Nonpriority creditor's name and mailing address</b>  WESSINGER, LAKISHA G C/O PITTENGER LAW FIRM ATTN THOMAS R PITTENGER, ESQ 6700 JEFFERSON HWY, BLDG 12, STE B BATON ROUGE, LA 70806  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  UNKNOWN

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	BOBBY'S COUNTRY COOKIN' LLC C/O DUDLEY DEBOSIER PC ATTN ADRAS PAIL LABORDE III 1075 GOV'T ST BATON ROUGE, LA 70802	Line 3.12	
4.2	BOBBY'S COUNTRY COOKIN' LLC C/O RAINWATER HOLT & SEXTON PA ATTN JOHN RAINWATER 801 TECHNOLOGY DR LITTLE ROCK, AR 72222	Line 3.12	
4.3	LUXOR CAPITAL GROUP, LP, AS ADMIN AGENT C/O SIDLEY AUSTIN LLP ATTN: WILLIAM E. CURTIN 787 SEVENTH AVENUE NEW YORK, NY 10019	Line 3.66	
4.4	LUXOR CAPITAL GROUP, LP, AS ADMIN AGENT C/O SIDLEY AUSTIN LLP ATTN: WILLIAM H. SCHWAB 60 STATE STREET, 36TH FLOOR BOSTON, MA 02109	Line 3.66	

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	5a. <u>UNDETERMINED</u>
5b.	Total claims from Part 2	5b. + <u>\$51,569,431.64</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <div><u>\$51,569,431.64</u></div>

**Fill in this information to identify the case:**Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	D&O INSURANCE POLICY	AIG INSURANCE 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020
2.2	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	EMPLOYED LAWYERS INSURANCE POLICY 06-485-70-59	AIG SPECIALTY 175 WATER ST, 18TH FL NEW YORK, NY 10038
2.3	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	EXCESS LIABILITY INSURANCE POLICY C-4LPY-032029	ARCH SPECIALITY INSURANCE CITYPLACE II, 16TH FLOOR 185 ASYLUM STREET HARTFORD, CT 06103
2.4	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	D&O INSURANCE POLICY	AXA XL 677 WASHINGTON BLVD STAMFORD, CT 06901

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>FIDUCIARY &amp; CRIME INSURANCE POLICY P-001-001068616-01</p>	<p>AXIS CAPITAL 233 SOUTH WACKER DRIVE SUITE 4930 CHICAGO, IL 60606</p>
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>FIDUCIARY &amp; CRIME INSURANCE POLICY P-001-001068618-01</p>	<p>AXIS CAPITAL 233 SOUTH WACKER DRIVE SUITE 4930 CHICAGO, IL 60606</p>
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EXCESS EPLI INSURANCE POLICY W34BB6230101</p>	<p>BEAZLEY GROUP 30 BATTERSON PARK ROAD FARMINGTON, CT 06032</p>
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>D&amp;O INSURANCE POLICY</p>	<p>CANOPIUS 200 SOUTH WACKER DRIVE SUITE 950 CHICAGO, IL 60606</p>
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DIGITAL (CYBER) RISK INSURANCE POLICY D95671305002</p>	<p>CHUBB 202 HALL'S MILL ROAD WHITEHOUSE STATION, NJ 08889-1600</p>
2.10	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTINGENT LIABILITY INSURANCE POLICY US07445</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>



(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.11	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>BUSINESS AUTO-NON OWNED &amp; HIRED INSURANCE POLICY CPA-102508</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.12	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>BUSINESS AUTO-NON OWNED INSURANCE POLICY</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.13	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EXCESS LIABILITY INSURANCE POLICY XSO370969</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.14	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>HIRED &amp; NON-OWNED AUTO INSURANCE POLICY CPA-106639</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.15	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEAD UMBRELLA INSURANCE POLICY</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.16	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PROPERTY INSURANCE POLICY SML 93076695</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WORKERS' COMPENSATION INSURANCE POLICY 408-745694-7</p>	<p>CRUM &amp; FORSTER INSURANCE 160 WATER ST #16 NEW YORK, NY 10038</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT OF LEASE DTD 4/17/2019</p>	<p>DELCHAMPS BUILDING LLC ATTN BRIAN P METCALFE PO BOX 2903 MOBILE, AL 36652</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXCESS LIABILITY INSURANCE POLICY PRX30013310200</p>	<p>ENDURANCE AMERICAN INSURANCE 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PREMIUM FINANCING AGREEMENT DTD 11/22/23</p>	<p>FIRST INSURANCE FUNDING 450 SKOKIE BLVD, STE 1000 NORTHBROOK, IL 60062-7917</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT OF LEASE DTD 4/17/2019</p>	<p>GATEWAY WEST PARTNERS LLC ATTN BRIAN P METCALFE PO BOX 2903 MOBILE, AL 36652</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXCESS LIABILITY INSURANCE POLICY XSQ3403103</p>	<p>GREAT AMERICAN INSURANCE GROUP 301 E. FOURTH ST CINCINNATI, OH 45202</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.23	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EXCESS EPLI INSURANCE POLICY FRH-G-ML-00000619-01</p>	<p>HDI GLOBAL SE 161 NORTH CLARK ST 48TH FL CHICAGOIL, 60601</p>
2.24	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EXCESS LIABILITY INSURANCE POLICY MTE904438400</p>	<p>INDIAN HARBOR INSURANCE 677 WASHINGTON BLVD STAMFORD, CT 06907</p>
2.25	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PROFESSIONAL LIABILITY INSURANCE POLICY SML 93076695</p>	<p>IPFS 125 S WACKER SUITE 1650 CHICAGO, IL 60606</p>
2.26	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>GENERAL LIABILITY INSURANCE POLICY LHA141955</p>	<p>LANDMARK INSURANCE COMPANY 30386 MT. VERNON ROAD PRINCESS ANNE, MD 21853</p>
2.27	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EXCESS EPLI INSURANCE POLICY 04-173-13-68</p>	<p>NATIONAL UNION 1271 AVENUE OF THE AMERICAS 35TH FL NEW YORK, NY 10020-1304</p>
2.28	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>GENERAL LIABILITY INSURANCE POLICY LHA114153</p>	<p>RSUI INSURANCE COMPANY 945 EAST PACES FERRY RD NE ATLANTA, GA 30326</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.29	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>GENERAL LIABILITY INSURANCE POLICY LHA141078</p>	<p>RSUI INSURANCE COMPANY 945 EAST PACES FERRY RD NE ATLANTA, GA 30326</p>
2.30	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LIQUOR LIABILITY INSURANCE POLICY</p>	<p>RSUI INSURANCE COMPANY 945 EAST PACES FERRY RD NE ATLANTA, GA 30326</p>
2.31	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>D&amp;O INSURANCE POLICY</p>	<p>SOMPO 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020</p>
2.32	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PROPERTY INSURANCE POLICY ITB100065285023</p>	<p>STARR INDEMNITY &amp; LIABILITY 399 PARK AVE NEW YORK, NY 10022</p>
2.33	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EPLI INSURANCE POLICY EUW1948855 00</p>	<p>WESCO INSURANCE COMPANY 800 SUPERIOR AVE CLEVELAND, OH 44114</p>
2.34	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>FLOOD INSURANCE POLICY 201152086360 00</p>	<p>WRIGHT NATIONAL FLOOD PO BOX 33003 ST PETERSBUG, FL 33733-8003</p>

**Fill in this information to identify the case:**Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes.

## Fill in this information to identify the case:

Debtor Waitr Holdings Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-10676  
(if known)

## Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

## Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/16/2024  
MM / DD / YYYY

X

/s/ Armen Yeghyazarians

Signature of individual signing on behalf of debtor

Armen Yeghyazarians

Printed name

Authorized Signatory

Position or relationship to debtor